This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

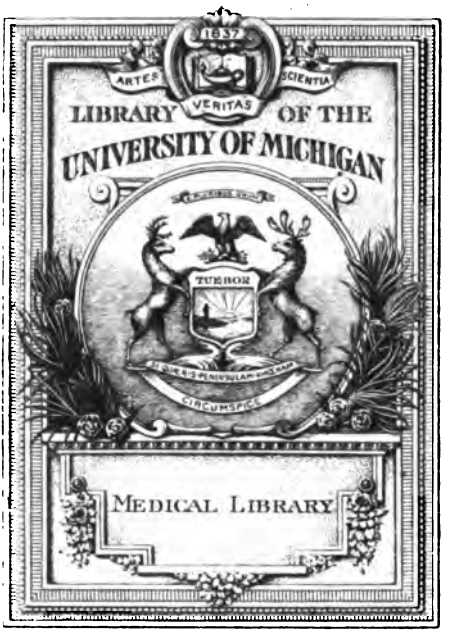
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

B 3 9015 00213 377 8
University of Michigan - BUHR

Digitized by Google



Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Western Medical Review

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY

A. L. MUIRHEAD, M. D., EDITOR

VOLUME XVII.
JANUARY TO DECEMBER, 1912

OMAHA, NEBR.
WESTERN MEDICAL REVIEW CO., Publishers
1912

Digitized by Google

Digitized by Google

med.

GENERAL INDEX

Page

A

Abstract from Review, Archives of Pediatrics 37
Abuse of Salt Solutions 286
A Case in Practice 273
A Case of Purpura Hemorrhagica 334
Action of Strychnine as Modified by Epinephrin 500
Acute Head Injuries, with Special Reference to Nervous Symptoms 9
Acute Indigestion as a Cause of Death 133
Acute Inflammation of the Nasal Accessory Sinuses 129
Acute Internal Hydrocephalus, etc 34
Acute Tonsilitis 218
Address of Welcome 312
Administration of Serum in Epidemic Meningitis 339
A First Study of Inheritance of Epilepsy 42
A Happy New Year 1
Air Sickness 217
Alcohol Antidote 648
Alcoholic Injections in the Treatment of Neuritis 132
Alkalies with Phenolphthalein 428
Alteration of Drugs 107
American Work in Surgery and Medicine 22
An Insane Classic 342
A New Form of Salvarsan 277
A New Test for Pregnancy 547
Anti and Post Partum Eclampsia 544
Anti Typhoid Inoculation 588
Another Outrage 110
Anuria 231
Appendicitis in Children, with Report of Cases 125
Arizona Medical Journal 625
A Summer Health School in Kansas 432
Authorities 415
A Whole Nation Vaccinated 33
A Word from President Nesbit 159

B

Bedbugs and Bubonic Plague 547
Beginning Mental and Nervous Maladies 626
Bismuth Poisoning in Surgical Practice 105
Black Water Fever 609
Blood Corpuscles, Old and Young 568
Bone Condition in Lues 276
Boric Acid in Butter 500
Brass Founders Ague 39
Bronchial Asthma 189

C

Camphorated Oil in Pneumonia 356
Can Salvarsan Take Place of Mercury 340
Chances for Doctors in Foreign Lands 546
Chronic Interstitial Nephritis 78
Common Sal Poison 648
Conference of State Secretaries 624
Conservation of Child Life 360

Digitized by Google

Conservation of Health....327
Corpus Luteum Extract....563

D

Decline in Tuberculosis Death Rate....307
Diabetic Coma Cured....133
Diagnosis and Treatment of Syphilis....164
Diagnosticating Typhoid Fever in Children....553
Digitalis in Heart Disease....552
Digitalis Preparations....461
Dissection of the Buried Tonsil in Children....177
Diverticula of the Oesophagus....213
Dollinger's Operation in Graves' Disease.... 87

E

Empyema....112
Endogenous Infection in Midwifery....309
Enlargement of the Thymus....649
Enterostomy....215
Epidemic Cerebro-Spinal Meningitis....201
Eradication of Typhoid Fever....511
Etiology of Appendicitis....344
Etiology and Pathology of Typhoid Fever....573
Experiences with Rosenbach's Tuberculin....430
Experimental Poliomyelitis....104
Eye Strain....407

F

Fat Absorption....498
Fats in Dermatology....564
Federal Public Health Bills....409
Fee Splitting....282
Five Million Inches of Publicity....284
Fixation Abscess After Infectious Diseases....231
Food and Drugs Act Revitalized....619
For the Suppression of Tuberculosis....515
Fractures....405

G

Gonorrhea in Children....186
Gonorrhea in Girls....459

H

Half Doing Things....110
Heliotherapy in Surgical Tuberculosis....550
Hemophilic Bleeding Checked by Foreign Blood....220
Hemorrhagic Disease of the Newly Born....334
Hexamethylenamin....233
History Taking....466
Hormonal....649
Horse Sense....648
Hospital Versus Home Care of the Sick.... 17
Hydrophobia....432
Hyperemic Treatment of Acute Anterior Poliomyelitis....565

I

Immunity from Poliomyelitis....219
Infantile Paralysis in 1910 and 1911....359
Infections of the Upper Air Passages....468
Innnocent Gallstones.... 54
Intestinal Disturbance in Grave's Disease....651
Inulin as Food for Diabetics, and Vague Statements....569
Iodine in Smallpox....216
Iodine Sterilization....537
Is Idiocy Curable....458

Digitized by Google

L.
Large Congenital Umbilical Hernia, with Report of Case..... 28
Laryngeal Changes in Pregnancy.....650
Latest Phases of Vaccine Therapy in Pulmonary Consumption.....636
Lymphangioplasty 123

M
Meggots in the Eye..... 85
Malpractice—Medico-Legal Defense 58
Management of Toxaemia of Pregnancy.....195
Mastoid Abnormalities 631
Measles 551
Measles 607
Medical Advertising 2
Medical College Graduates 87
Medico-Legal Defense 464
Methods of Skin Grafting.....249
Migraine: Its Etiology, Symptomatology and Treatment.....170
Milk and Epidemic Sore Throat.....498
Mineral Springs and the New Element, Niton.....501
Modern View of Meningitis..... 62
Morphinism 406
Moving Picture Shows 305

N
Nebraska Tuberculosis Hospital 540
New Antiserum for Cancer.....279
New Drug for Carcinoma 497
New Move in War on Tuberculosis.....305
New Typhoid Fever Test.....222
New York's Killed by Traffic.....339
Nicotin and the Adrenals 308
Nitrous Oxide Anaesthesia in Adenoid and Tonsil Operations.....234
Normal Human Blood-Serum in Melena Neonatorum and Other Conditions 340

O
Oatmeal Cure in Diabetes.....498
Oatmeal Oedema 655
Occult Blood in the Stool.....180
Official Preparations of the U. S. P. and N. F.....431
Oil of Camphor in Purulent Peritonitis.....218
On the Immediate Cause of Parturition.....280
Operation in Suppurative Meningitis.....617

P
Pain in Renal Disease.....460
Painting the Peritoneum With Tincture of Iodine in Tuberculous Peritonitis 430
Paranoia and Paranoid Dementia.....480
Pellagra 459
Pelvic Inflammatory Disease.....519
Periostitis Detected by X-ray.....542
Photography of the Eye Ground.....277
I. N. Pickett, Odell, Neb.....357
Picric Acid and Burns..... 55
Pineapple Juice in Anorexia.....406
Plain Speaking on Sanitary Matters.....567
Please Remember 311
Postoperative Empiricism 232
Preservation of Rubber Goods.....497
President's Address 154
President's Address 314
Preventable Insanity 361

Digitized by Google

Primary Intussusception of the Appendix....133
Prolapsus of the Uterus Complicating Pregnancy....136
Prophylaxis of Coryza....549
Prostatectomy....246
Prostatic Abscess....70
Proyphylaxis of Poliomyelitis....428
Pruritus Ani....165
Psychology in Medicine....283
Public Health Bills in the Senate....411
Public Health Bills and the People....413
Purpura Hemorrhagic During Convalescence from Scarlet Fever....116
Pyloric Obstruction Due to Gallstones....19

Q

Quick Macroscopic Agglutination Test....341
Quinine Treatment of Migraine....338

R

Race Culture....502
Rapid Disinfection of the Operative Field....85
Recent Experimental Work in Carcinoma....74
Recent Views on the Origin of Tuberculosis of the Lungs....86
Refilling Prescriptions....3
Reform or Be Reformed....235
Reinfection After Salvarsan....86
Response to Address of Welcome....313
Retention of Fetus in the Abdomen for Forty Years....140
Rickets....158
Rupture of the Liver....67
Rupture of Plantaris Tendon....211
Rural Immorality....467

S

Salvarsan and Optic Neuritis....57
Salvarsan Per Rectum....344
Senator Owen Amends His Bill....60
Sex Relationship....408
Shall Medical Knowledge be Given to the Public....532
Significance of Physiological Age....549
Soap in Cholelithiasis....549
Social Life of the Medical Student....514
Spontaneous Disappearance of Warts....548
Statistics of Insanity....89
Statistics of Suicide in the United States....285
Still After Dr. Wiley....61
Stimulation of Labor Pains by Pituitrin....280
Sudden Disaster and Constant Disease....53
Summary of the Treatment of Post Partum Hemorrhage....88
Surgical Treatment of Pellagra....106
Surgical Treatment of Puerperal Sepsis....221
System in Diagnosis and Case Management....25

T

Tetanus....499
The "Blue Sky" Law and Medical Frauds....301
The Blood Pressure Index of Eclampsia....138
The Cancer Problem Today....608
The Cause of the Malarial Paroxysm....610
The Cause of the Onset of Labor....607
The Cause of Pellagra....86
The Common Pathological Conditions of the Upper Nasal Passage....475
The Conference of State Secretaries....624
The Conservation of Breast Milk for the Young Infant....417
The Cost of Children....217

Digitized by Google

The Culture Treatment of Typhoid....423
The Difficulties After Ventrofixation and Suspensio Uteri....653
The Discretion of the Surgeon....618
The Fifth, the Hospital Interne College Year....238
The Fly as a Communicator of Disease....245
The Industrial Education of the Crippled and Deformed....241
The Making of a Physician....160
The Menace of Wood Alcohol....513
The Mortality and Morbidity of Puerperal Sepsis....525
The Motor Functions of the Pyloric Sphincter, etc.... 34
The Obstetric Forceps and Their Relation to Mother and Child....551
The Open Treatment of Fractures—A Warning.... 39
The Operation of Excision of Tarsus and Conjunctiva, etc....651
The Operation in Acute Mastoiditis.... 5
The Prevention of Colds....254
The Prevention of Gangrene by Arterio-Venous Anastomosis.... 90
The Physiology and Care of the Ailmentary Tract—From a Surgeon's Standpoint....601
The Pulmotor—A New Apparatus for Resuscitating the Drowned and Asphyxiated....341
The Prevention of Rheumatism....638
The Reaction of Cow's Milk....134
The Relation of the Tonsils to Rheumatism....607
The Resuscitation of Stillborn Infants....276
The Roentgen Treatment of Malignant Tumors....135
The Sound Should Not Be Used in Case of Foreign Bodies in the Oesaphagus....650
The Sweat of the Tuberculous....608
The Teaching of the Principles of Infectious Diseases in the Public Schools....641
The Term "Rheumatism"....303
The Therapy of Cold....572
The Tramp Problem....243
The Treatment of Gastric Crises of Tabes....653
The Treatment of Nocturnal Enuresis in Children....302
The University Medical School Building....416
The Use of Radium in Ophthalmology....429
Thrombosis of the Lateral Sinus....167
Tincture of Digitalis....429
Toxicity of Ovarial and Testicular Extracts....276
Treatment of Ingrowing Toenails....617
Treatment of Non-Septic Abortion....644
Treatment of Poliomyelitis....609
Treatment of Purulent Peritonitis....429
Treatment of Puerperal Infection....269
Treatment of Puerperal Septicaemia....281
Treatment of Rheumatism with Rheumatism Phylacogen....606
Treatment of Tetanus....311
Treatment of Tetanus....105
Treatment of Typhoid....577
Treatment of Typhoid Fever by Rectal Injection of Killed Cultures of Eberth's Bacillus....500
Tuberculous Meningitis....259
Tuberculosis in Pregnancy.... 35
Two Cases of Sporotrichosis....646
Two Deaths from Salvarsan.... 86
Two Standard, Official Therapeutic Remedies....355
Typhoid Fever in Infants....582
Thyroid Feeding in Mental Diseases....647

U

Ultraviolet Rays to Purify Water.... 86

Digitized by Google

Untoward Effects of Salvarsan....339
Use of Camphorated Oil in Suture of Operation Wounds....497
Use of Ipecac to Abort Typhoid Fever....512

V

Vaccination....547
Vaccination in the Prophylaxis of Typhoid Fever....620
Vaginal Cesarean Section in the Treatment of Eclampsia.... 91
Variola....488
Vaseline as a Laxative....548
Venereal Disease....304
Venereal Diseases to be Reported in New York....278
Veronal and Phenacetin....547
Vincent's Angina and Diphtheria....278

W

Wayward Girls....302
Where Doctors are Needed....283

AUTHORS' INDEX

Page

JOSEPH M. AIKIN, M. D., OMAHA.

A First Study of Inheritance of Epilepsy.... 42
Statistics of Insanity.... 89
The Cause of Pellagra.... 36

C. C. ALLISON, M. D., OMAHA.

Authorities....415
Diverticula of the Oesophagus....213
Phimary Intussusception of the Appendix....133

H. L. ARNOLD, M. D., OMAHA.

Dissection of the Buried Tonsil in Children....177

J. M. BANISTER, M. D., OMAHA.

Anti-Typhoid Inoculation....588
Migraine; Its Etiology, Symptomatology and Treatment....170
The Operation of Excision of Tarsus and Conjunctiva, etc....651

RODNEY W. BLISS, M. D., OMAHA.

Enlargement of the Thymus....649

F. A. BREWSTER, M. D., BEAVER CITY, NEB.

Pyloric Obstruction Due to Gallstones.... 19

D. C. BRYANT, M. D., OMAHA.

The Operation in Acute Mastoiditis.... 5

L. B. BUSHMAN, M. D., OMAHA.

Bone Condition in Lues....276
Photography of the Eye Ground....277

WILLIAM F. CALLFAS, M. D., OMAHA.

Mastoid Abnormalities (Structural)....631

A. J. COATS, M. D., FAIRBURY, NEB.

A Case of Purpura Hemorrhagica....334
Variola....488

FRANK M. CONLIN, M. D., OMAHA.

The Treatment of Gastric Crises of Tabes....653
Tuberculous Meningitis....259

Digitized by Google

F. E. COULTER, M. D., OMAHA.
Acute Head Injuries, with Special Reference to Nervous Symptoms..... 9
Diagnosis and Treatment of Syphilis.....164

E. L. DELANNEY, M. D., SOUTH OMAHA.
Large Congenital Umbilical Hernia, with Report of Case..... 28

F. P. DORSEY, M. D., HARTINGTON, NEB.
Treatment of Rheumatism with Rheumatism Phylacogen.....606

MABEL DUNN, M. D., LINCOLN, NEB.
Hemorrhagic Disease of the Newly Born.....334

A. D. DUNN, M. D., OMAHA.
Anuria 231
Occult Blood in the Stool.....180
Response to Address of Welcome.....313
The Motor Function of the Pyloric Sphincter, etc..... 34

O. W. EVERETT, M. D., LINCOLN, NEB.
The Conservation of Breast Milk for the Young Infant.....417

C. P. FALL, M. D., BEATRICE, NEB.
Conservation of Health.....327

PALMER FINDLEY, M. D., OMAHA.
Gonorrhea in Children 186
Prolapsus of the Uterus Complicating Pregnancy.....136
Surgical Treatment of Puerperal Sepsis.....221
The Difficulties Which May Arise After the Operation of Ventrofixation and Suspensio Uteri.....653
The Mortality and Morbidity of Puerperal Sepsis.....525
Tuberculosis in Pregnancy..... 35
Vaginal Cesarean Section in the Treatment of Eclampsia..... 91

M. J. FORD, M. D., OMAHA.
Pelvic Inflammatory Disease.....519

H. GIFFORD, M. D., OMAHA.
Acute Internal Hydrocephalus, etc..... 34
Brass Founders Ague..... 39
Can Salvarsan Take the Place of Mercury.....340
Diabetic Coma Cured by Intravenous Injection of Bicarbonate of Soda..133
Dollinger's Operation in Graves Disease..... 87
Endogenous Infection in Midwifery.....309
Experiences with Rosenbach's Tuberculin.....430
Horse Sense 648
Intestinal Disturbances in Grave's Disease.....651
Oatmeal Oedeina 655
On the Immediate Cause of Parturution.....280
Recent Views on the Origin of Tuberculosis of the Lungs..... 36
Salvarsan and Optic Neuritis..... 57
The Prevention of Gangrene by Arterio-Venous Anastomosis..... 90
The Sound Should Not Be Used in Case of Foreign Bodies in the Oesophagus 650
Thrombosis of the Lateral Sinus.....167
Toxicity of Ovarial and Testicular Extracts.....276
Vincent's Angina and Diphtheria.....278

JAMES GOETZ, M. D., OMAHA.
Infections of the Upper Air Passages.....468

GEORGE HASLAM, M. D., FREMONT, NEB.
Lymphangioplasty 123

Digitized by Google

E. C. HENRY, M. D., OMAHA.

Two Deaths from Salvarsan 86
The Physiology and Care of the Alimentary Tract from a Surgeon's Standpoint 601

M. L. HILDRETH, M. D., LYONS, NEB.

Reform or Be Reformed 235

D. C. HILTON, M. D., LINCOLN, NEB.

Recent Experimental Work in Carcinoma 74
The Prevention of Colds 254

F. H. HOLLENBECK, M. D., LINCOLN, NEB.

Methods of Skin Grafting 249

R. R. HOLLISTER, M. D., OMAHA.

Rupture of Plantaris Tendon 211

C. C. JOHNSON, M. D., CREIGHTON, NEB.

The Teaching of the Principles of Infectious Diseases, etc 640

A. L. KEE, M. D., CAMBRIDGE, NEB.

Appendicitis in Children, with Report of Cases 125

W. B. KERN, M. D., HASTINGS, NEB.

Beginning Mental and Nervous Maladies 626
Preventable Insanity 361

J. S. LANCASTER, M. D., YORK, NEB.

Treatment of Non-Septic Abortion 644
Treatment of Puerperal Infection 269

MILLARD LANGFELD, M. D., OMAHA.

Epidemic Cerebro-Spinal Meningitis 201

H. B. LEMERE, M. D., OMAHA.

Laryngeal Changes in Pregnancy 650
Maggots in the Eye 85
The Common Pathological Conditions of the Upper Nasal Passage 475

L. W. LITTIG, M. D., DAVENPORT, IA.

Treatment of Puerperal Septicaemia 281

F. A. LONG, M. D., MADISON, NEB.

Empyema 112
Iodine Sterilization 537
The Open Treatment of Fractures; a Warning 39

J. P. LORD, M. D., OMAHA.

Enterostomy 215

H. M. McCLANAHAN, OMAHA.

Abstract from Review Archives of Pediatrics 37
Modern Views of Meningitis 62
Typhoid Fever in Infants 582

A. I. M'KINNON, M. D., LINCOLN, NEB.

Prostatectomy 246

J. M. MAYHEW, M. D., LINCOLN, NEB.

Etiology and Pathology of Typhoid Fever 573

Digitized by Google

W. H. MICK, M. D., OMAHA.

The Roentgen Treatment of Malignant Tumors....135

W. F. MILROY, M. D., OMAHA.

Treatment of Typhoid....577

A. R. MITCHELL, M. D., LINCOLN, NEB.

Address of Welcome....312

C. C. MORISON, M. D., OMAHA.

The University Medical School Building....416

N. D. NELSON, M. D., SHOSHONI, WYO.

President's Address....154

M. H. NEWMAN, M. D., CODY, NEB.

Anti and Post-Partum Eclampsia....544
Two Cases of Sporotrichasis....646

H. WINNETT ORR, M. D., LINCOLN, NEB.

Hospital Versus Home Care of the Sick.... 17
The Industrial Education of the Crippled and Deformed....241

J. W. PETTIT, M. D., OTTAWA, ILL.

For the Suppression of Tuberculosis....515

L. B. PILSBURY, M. D., LINCOLN, NEB.

Paranoia and Paranoid Dementia....480

D. T. QUIGLEY, M. D., NORTH PLATTE, NEB.

Rupture of the Liver.... 67
The Prevention of Rheumatism....638

WM. REAM, M. D., WALTHILL, NEB.

The Culture Treatment of Typhoid....423

CHAS. E. REMY, M.D., OMAHA.

System in Diagnosis and Case Management.... 25

ADOLPH SACHS, M. D., OMAHA.

Bronchial Asthma....189

J. H. SAYER, M. D., COZAD, NEB.

Hemophilic Bleeding Checked by Foreign Blood....220

ALFRED SCHALEK, M. D., OMAHA.

Pruritis Ani....165

W. D. SHIELDS, M. D., HOLDREGE, NEB.

Acute Inflammation of the Nasal Accessory Sinuses....129

A. B. SOMERS, M. D., OMAHA.

Management of Toxaemia of Pregnancy....195
Race Culture....502
Summary of the Treatment of Post Partum Hemorrhage.... 88
The Blood Pressure Index of Eclampsia....138

LESTER M. STEARNS, M. D., KEARNEY, NEB.

Nebraska Tuberculosis Hospital....540

Digitized by Google

E. C. STEVENSON, M. D., GOTHENBURG, NEB.
Purpura Hemorrhagica During Convalescence from Scarlet Fever.....116
WILLIS E. STEWART, M. D., STRATTON, NEB.
Chronic Interstitial Nephritis 78
A. C. STOKES, M. D., OMAHA.
Prostatic Abscess 70
MARY STRONG, M. D., OMAHA.
American Work in Surgery and Medicine..... 22
J. LUE SUTHERLAND, M. D., GRAND ISLAND, NEB.
A Case in Practice.....273
J. H. TYNDALE, M. D., LINCOLN.
Latest Phases of Vaccine Therapy in Pulmonary Consumption.....635
A. F. TYLER, M. D., OMAHA.
Periostitis Detected by X Ray.....542
A. S. von MANSFELDE, M. D., ASHLAND, NEB.
Malpractice—Medico-Legal Defense 58
The Fifth, the Hospital Interne College Year.....238
H. L. WELLS, M. D., WEST POINT, NEB.
Shall Medical Knowledge Be Given to the Public.....532
W. H. WILSON, M. D., LINCOLN, NEB.
The Fly as a Communicator of Disease.....245

Digitized by Google

Nebraska State Med. Coll. of Med. Libr.
4-20-1926

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Nebr. Per Annum, $2.00 The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. JONAS, M. D., President
F. E. COULTER, M. D., Vice-Pres't
H. L. AKIN, M. D., Sec.-Treas.
H. L. BURRELL, M. D.
H. GIFFORD, M. D.

A. L. MUIRHEAD, M. D., Editor.

C. C. MORISON, M. D., Associate Editor

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H. L.	Crowley, C. F.	Hamilton, H. P.	Pollard, C. W.
Allison, C. C.	Christie, B. W.	Jonas, A. F.	Rich, C. O.
Akin, H. L.	Davis, B. B.	Lake, F. W.	Rix, R.
Bryant, D. C.	Dunn, A. D.	Lemere, H. B.	Stokes, A. C.
Bridges, W. O.	Foote, J. S.	Milroy, W. F.	Somers, A. B.
Burrell, H. L.	Gifford, H.	Moore, R. C.	Schalek, Alfred.
Crummer, LeRoy.	Henry, W. O.	Moriarty, Pierre C.	Sumney, H. C.
Coulter, F. E.	Henry, E. C.	McClanahan, H. M.	Towne, S. R.
Condon, A. P.	Hollister, R. R.	Owen, F. S.	

Coulin, F. M. Long, F. A., Madison. Sward, E. J. C., Lincoln.
Anderson, A. B., Pawnee City Von Mansfelde, A. S., Ashland Hopkins, S. R., Hastings
Arts, C. V. Hastings. McConaughy, R., York. Pickett, I. N., Odell.
Coats, A. J., Fairbury. McDonald, R. C., Fremont. Quigley, D. T., North Platte.
Dayton, W. L., Lincoln. McKinnon, A. I., Lincoln. Rork, L. W., Oxford.
Everett, M. H., Lincoln. Mitchell, A. R., Lincoln. Talbot, W. E., Broken Bow.
Hilton, D. C., Lincoln. Orr, H. Winnett, Lincoln. Wilson, W. H., Lincoln.
Hildreth, M. L., Lyons. Poynter, C. W. M., Lincoln.

Vol. XVII. OMAHA, NEB., JAN., 1912. No. 1

EDITORIAL.

A Happy New Year.

"A Happy New Year" to all our readers. May 1912 prove the happiest year of the many or few through which each has passed. It is not impossible to make it so, for happiness is obtainable by all who seek it in the place where it is to be found. True happiness comes from within and is independent of environment. It comes from the right point of view of life, and its chief enemy is selfishness. The more completely we can forget self and selfish desires and think of the needs and happiness of others the happier we will become.

Happiness is essentially a reflex condition and, like so many reflexes, is often out of proportion to the primary stimulus. A trifling act of kindness or unselfishness often brings

Digitized by Google

a reward out of all proportion to the act itself. Let us all then try to make this year a "Happy New Year" by giving happiness instead of trying to grasp it for ourselves and seeing it constantly elude us.

Medical Advertising.

The financial success of most forms of medical fraud and quackery depends on advertising, as this is the most efficient means of getting in touch with prospective victims.

For this purpose the best medium is the daily press, which goes into the homes of all classes of people. When the post-office authorities refuse to admit publications containing fraudulent advertising to the mails, such advertisements promptly cease and the business advertised soon dwindles away. When newspapers or magazines voluntarily refuse such advertisements similar reults follow.

Medical fraud and quackery has, for a long time, been a source of prosperity to various so-called doctors in Omaha and other Nebraska cities, who have used the daily press as a means of enticing the ignorant and unwary to seek their aid for some real or fancied ailment. It is a hopeful sign of the times that a number of prominent publications have not only refused to accept this kind of advertising, but have used their editorial columns to expose the fraud and dishonesty of these fakirs. The Omaha Bee recently exposed the frauds of one of the most successful quacks that ever came to the city and as a result he was forced to seek other fields of operation.

The Western Medical Review wishes to express its thanks and appreciation to the Bee for the service it has rendered suffring humanity (not the medical profession) in ridding Omaha of the wonderful Vino. We hope other papers, daily and weekly, may soon take a similar position in regard to fraudulent advertising and thus rid Nebraska of these undesirable practitioners.

Why is advertising considered unethical by the medical profession? This question is often asked by the laity and

Digitized by Google

sometimes by physicians themselves. The chief reason is that a phyician cannot "cure" disease. The best he can do is to render conditions favorable or remove obstacles in the way of recovery. Nature really effects the cure. When an advertisement promises a cure, even for a simple ailment, it is misleading and untruthful. A tailor may honestly promise to make a coat, a carpenter may advertise his ability to build a house, but when a doctor advertises that he can cure the sick he is going beyond his certain knowledge, for he cannot foretell results. He may truthfully state what the probabilities of recovery are. He may advertise to the public that he is limiting his efforts to certain lines of medical work. He may mention his place of business and the hours when he may be consulted, but to make definite promises of cure is rightly considered unethical.

It is not only the advertising fraud who offends this rule. The regular practitioner who guarantees a cure, the unscrupulous one who says "I can cure you for $100," belong to the same class. And though such methods may bring a little temporary gain, they destroy the feeling of confidence and reliability which is the basis of all permanent success in the practice of medicine.

Refilling Prescriptions.

The National Association of Retail Druggists, at its meeting at Niagara Falls in September, 1911, discussed this subject at length and finally decided to honor a written order not to refill a prescription, but to pay no attention to instructions to this effect, printed upon a prescription blank.

In our opinion the only thoroughly satisfactory conception of a prescription is in analogy with a bank check; namely, that it is an order to pass out to a certain individual or his authorized representative a definite amount at a given time. We do not see why a patient should keep a prescription and have it refilled whenever he chooses or pass it on to his friends, in the original or by copy, and have them collect it, whenever they choose, any more than a check should be similarly treated. It

Digitized by Google

certainly is convenient—and cheap—to refill a prescription indefinitely. It would be exceedingly convenient if we could use checks in the same way. Nor do we see why it should be necessary to mark a prscription not to be repeated any more than a check.

However, it is some satisfaction to know that some definite action has been taken by the pharmaceutic profession and, after all, it often is convenient to order a prescription repeated verbally. And we must not forget that, from the business standpoint, the free access of the laity to drugs, singly or combined, does the physician about as much harm as the artist would suffer if the public could get hold of his paints and brushes and thus compete with the professional painter.—Buffalo Medical Journal.

A twelve-year-old girl from the slums of New York was invited to a garden party given by an aristocratic lady to a group of poor girls.

The little girl, as she drank her tea and ate her cake on a velvet lawn under a white blooming cherry tree, said to her hostess:

"Does your husband drink?"

"Why—er—no," was the astonished reply.

"How much does he make?"

"He doesn't work," said the lady. "He's a capitalist."

"You keep out of debt, I hope?"

"Of course, child. What on earth——"

"Your color looks natural—I trust you don't paint."

"Why, child," exclaimed the amazed hostess, "what do you mean by such questions? Don't you know they are impudent?"

"Impudent?" said the little girl. "Why, ma'am, Mother told me to be sure and behave like a lady, and when ladies call at our rooms they always ask Mother those questions!"

"Some of your hurts you have cured,
And the sharpest you still have survived,
But what torment of grief you endured
From evils that never arrived."

Digitized by Google

ORIGINAL ARTICLES.

The Operation in Acute Mastoiditis.

*By D. C. Bryant, M. D., Omaha.

To one fairly well acquainted with the anatomy of the middle ear and the mastoid process, with the intimate, direct and open connection between the middle ear and the antrum, it is a source of constant wonder that a larger per cent of the suppurative processes occurring in the tympanum do not extend directly to the antrum and the other outlying large cells of the mastoid. When the patient is in a recumbent position and especially while lying on the back, gravity itself is sufficient to carry the purulent material over into the antrum. That this is done many times without starting up a purulent inflammation in that cavity, I cannot doubt. Nature in some way protects her own, hence the small number of cases of suppurative mastoiditis compared with the large number of cases of purulent otitis media.

The location of the antrum, the direct connection with the middle ear makes one almost think that Nature intended it as a sort of drip cup for that cavity, whenever there is an accumulation of fluid in it and yet, as every general practitioner knows, nearly all of his cases of acute purulent otitis media get along without any apparent involvement of the antrum, or mastoid cells. Occasionally however, Nature does not seem to be able to offer sufficient protection to the mastoid to guard it against the invasion of pyogenic germs, and it becomes involved in the suppurative process.

In the acute cases the pyogenic inflammatory process, being once fairly established in the antrum, goes on with marked rapidity, so that it is usually a matter of a few days only when operative measures are called for to assist Nature in her efforts to check the inroads of what has now become a destructive and dangerous disease. Left to itself now, more and more territory will daily become involved, and more and more tissue destroyed. The question that now confronts the physician is what shall the operation be, that is, what proceedure is safest for the life of the patient and which, at the same time, will leave the middle ear and the adjacent tissues in the best possible condition after the suppurative process has disappeared and the damage done by both disease and operation have, by the healing process, been as nearly repaired as possible.

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

For the past ten or fifteen years so much has been said and written about the radical operations in mastoiditis, that many operators I fear, have been led into the mistake of doing too extensive an operation in these acute cases, causing unnecessary damage and in some cases bringing about deplorable results that might have been avoided had a more conservative method been adopted.

Remember that the subject under discussion now has reference to cases of acute mastoiditis only, where the disease has existed for a short time, where much of the tissue involved is not entirely destroyed, some of it not having reached the stage where it is beyond recall. As many of the surgical operations, in acute cases, *i. e.,* appendectomies, ovariotomies, etc., were a short time ago done in too radical a manner, so are mastoid operations being done now, I fear, in much the same way. The surgeon soon learned that, in his acute cases of suppurative appendicitis where Nature had had time to throw up a rather feeble barrier to protect its adjacent parts from the inroads of pyogenic germs, the more careful he was not to interfere with Nature's protective wall, the lower became his death rate. The same is true to as great, if not a greater extent, in cases of acute mastoiditis.

Here as in all other suppurative processes, Nature endeavors to head off the extension of the disease, restrict its invasion to as small an amount of territory as possible and limit the damage done to the minimum. Here perhaps more than in any other part of the human body,, on account of the porous condition of the greater part of the mastoid process itself and the posterior end of the zygoma, the close relationship existing between the antrum, mastoid cells, the lateral sinus and cranial cavity, any operation which interferes with Nature's protective work and opens up an avenue for infection of new territory is decidedly dangerous.

Another point worthy of serious consideration is the fact that a great amount of tissue involved in the inflammatory process, and dangerously near the point of necrosis from pressure caused by the pent up pus and inflammatory exudates, is not entirely beyond repair and will, in great part, be restored to normal condition if free drainage is given before the affected tissues are actually necrosed. Understanding that the dangers in these cases are from the suppurative inflammatory process and from pressure necrosis, the line of treatment called for seems plain and simple, that is: evacuation of the purulent material, relief of pressure from the pent-up inflammatory

Digitized by Google

products, the removal of actually necrosed tissue either bony or soft, and the establishment of free drainage from all the affected parts.

This does not mean the radical operation so frequently described in medical literature in the past few years, and so well known by every physician of the present day. In fact, in my own opinion, the employment of the radical operation in cases of acute mastoiditis is actually criminal and has been the cause of many deaths in the ten years just gone by. The operation that will, with the least destruction of tissue, and with the least opening up of new territory for infection, produce complete drainage to the affected parts and stop short the destructive pressure necrosis, which is always going on in these cases until relief is given, is the operation par excellence.

A brief description of the procedure followed by my partners and myself, for several years past, in our work at the St. Joseph's and General hospitals and which have resulted in no deaths in uncomplicated cases, may not be out of place at this point.

The patient having been prepared in the usual way for a mastoid operation, the hair having been removed for two inches or more around the mastoid and the parts made as clean and aseptic as possible, the patient is given a general anesthetic and is ready for the operation. If these preparations can be begun twenty-four hours before the operation and an antiseptic dressing worn in the meantime, so much the better. However many of the cases are not seen until so late that delays are dangerous and consequently are operated on as soon as proper preparations can be made.

Beginning at the tip of the mastoid a cut is made one quarter inch behind the auricle, through the skin, soft tissues and periosteum to the bone. This is extended upward in a slight curve to a point nearly even with the top of the auricle. The periosteum is then separated from the bone forward and backward, and retractors put in place so as to draw the soft tissues and periosteum completely out of the way, exposing the denuded surface of the mastoid and the outer part of the porterior wall of the external auditory canal. I prefer Dr. Alport's automatic retractors as they allow your assistant to do more important work and at the same time by their constant pressure they stop the oozing of blood which is often so annoying and causes so much interference with rapid work in these cases.

Always examine the exposed bony surface with a probe for

Digitized by Google

an opening, a sinus or fistula, leading into the antrum and if found, this gives a sure guide to follow for entrance into the antrum. If no opening is present, being guided by the landmarks given in the text books, with chisel and mallet, an opening should be made through the outer table and the cancellous bone beneath, directly into the antrum.

The antrum once reached, the point of vantage has been attained from which further procedures can be decided upon. The outer table should now be removed, either with chisel or strong bone forceps so that the entire cavity of the antrum is completely exposed. This cavity should be cleaned of its contents, usually pus and granulation tissue and the walls carefully examined to determine the amount of damage already produced by the disease. If the walls are in fairly good condition the opening through the anterior wall into the middle ear should be sought out with a bent, blunt probe and any granulation tissue at the mouth of this opening curetted away.

Never however, should the curette be allowed to pass into the middle ear for a few strokes of this little instrument in the tympanum can do more damage than weeks of a purulent otitis media may have done before. Light packing of the antrum with strings of antiseptic gauze to insure good drainage and prevent too rapid healing of the soft parts, the examination of the drum membrane and usually the enlarging of the opening, the placing of gauze drainage in the external auditory canal and the case is ready for the outer antiseptic gauze dressing and bandage.

But in some cases, on examining the walls of the antrum, they are found already necrosed. When this condition exists, it is best to chisel off the outer table clear to the tip of the process, so that all of the cells can be examined and all dead bone removed.

The application of drainage and dressings as in the milder cases completes the operation. With the above simple procedures, the great majority of cases of acute mastoiditis will go on to rapid recovery and not only that but recovery with a fair amount of hearing preserved, which never can be where the radical method of operation has been employed. Out of a large number of cases that have come under our care in the last ten years, there have been no deaths except in one case which at the time of admission, was in a semi-comatose condition caused by a supurative meningitis. As a rule the recoveries were rapid, the patients being confined to the bed but a

Digitized by Google

few days and only in a very small per cent of cases were any further operative procedure found necessary.

DISCUSSION.

Dr. F. S. Owen, Omaha.

The radical operation in the mastiod is very seldom necessary, but I believe that what is called the complete operation is necessary in the majority of cases. The difference is that in the radical operation you undertake to clean out the middle ear along with the antrim. In the complete operation you remove all diseased bone and the whole mastoid. I do not think that the complete operation is more serious or more dangerous than the simple operation, that is, simply opening into the middle ear and depending upon drainage. I believe your whole duty is not done unless you follow up the area of softened bone. So frequently when you think you have perfectly healthy walls of your wound you will find a soft place and it will lead along then until you find a cavity containing pus. I believe the important thing in this operation is not to decide by the looks of the bone, but by the feeling of it, whether it is soft. All the soft bone should be removed. It prevents secondary operations. I have been doing this for the last ten years and have not had to do a single secondary operation.

Dr. Bryant closing:

In acute cases of mastoiditis there are three things the surgeon should constantly bear in mind.

First—Opening up the pus cavity wherever that may be so as to procure free drainage. Usually pus is found in the antrum, probably in 90 per cent of the cases. After the antrum is once opened the operator is master of the situation, as from this point of vantage he can explore in all directions and open up any other territory that may have become involved in the suppurating process.

Second—It should always be remembered that the greater part of the necrosis in these cases is caused by the pressure from the pent up pus and removing this pressure early allows some of the partly necrosed tissue to come back.

Third—Every effort should be put forth to prevent extension of the infection to healthy tissue, so great care should be exercised not to open up parts of the mastoid that have not already become involved, as this simply invites farther extension of the disease.

Acute Head Injuries. with Special Reference to Nervous Symptoms.

*By F. E. Coulter, M. D., Omaha.

In this day of rapid transportation, when man must travel with the greatest possible speed through the air, or over land or sea, acute head injuries are not uncommon. Every practitioner of medicine, we care not what his particular branch, is liable to come face to face with such a condition at any moment.

The subject has not been discussed before this society for

---

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

some time; therefore, it may not be out of place to review some of the more recent observations in this connection; but to treat it exhaustively would be out of the question, in the time at our disposal.

We need not spend time to review the fact that the brain is one of the best protected organs in the body, or to tell you that under certain circumstances, it is apparently the most vulnerable.

The mechanism within the skull is the most delicately adjusted of all organs; hence, the most easily thrown out of balance.

In this connection, you recall, no doubt, the quarryman, who had an iron bar, used as a hand-spike, driven entirely through his skull, yet survived with but little or no change in his capacity as a laborer; and you will also recall the old farmer who entered his chicken house after dark, and, as he was passing along near a perch upon which a rooster was resting, the bird gave him a peck on the head, which resulted in his death. Both are authentic, and serve to remind us of the extremes at least, that may be encountered in head injuries.

All acute head injuries may be classified under one of three divisions. First: Those apparently of no importance, trivial in extent, and not accompanied by complications, or followed by sequelæ. Second: Those followed by symptoms attributed to the injury, after varying periods of time, from a few minutes to a few weeks or months, perhaps. Third: Those, that from the beginning, are obviously surgical, and are accompanied by surgical complications of a pronounced and definite character, and are readily recognized as such.

The second and third class give the physician and surgeon the most concern, both from a medical, and often from a legal standpoint.

The first class is not devoid of many interesting possibilities, and is often taken advantage of by unscrupulous persons in both law and medicine. It is in this particular class that one must be on his guard if he would be just, both to the patient and to those responsible for the injury. Many an honest physician, and we might add, attorney, has been taken advantage of by this class of cases, through premeditated efforts of the parties interested.

The physician, surgeon or neurologist, when brought face to face with an acute head injury, should recall, at least to some extent, the anatomy and physiology of the parts with which

Digitized by Google

he has to deal, for certainly under no circumstances is such a review more important.

Too many of these injuries are diagnosed and treated as if the scalp and bone, especially the latter, was all there was to be considered, forgetting entirely that the brain tissue, blood vessels and nerve tissue beneath, are of paramount importance, and these should always be reckoned with. One must be in possession of at least a reasonably good general working knowledge of all the parts mentioned, if he is to be of intelligent assistance in such cases; also, the nature of the injury, its location and character, and the general surroundings are not to be forgotten.

For example: a head injury may be encountered where the bone is seriously fractured even at the base, yet the soft tissues may escape almost completely; or, on the other hand, the soft tissues may be seriously injured, but the bone and scalp escape, and then hemorrhage and œdema should always be thought of as a possible complication, recent or remote.

Etiology.

Etiologically, head injuries are the result:

First: Of violence applied directly to the head, as in the case of a blow or a fall, the patient landing on his head.

Second: Of violence applied to some other part of the body, such as a fall, when one alights on his limbs or buttox, or some other prominent portion.

Third: It may be the result of a penetrating wound, such as that received from a bullet, a sword, or some other sharp instrument.

Symptoms.

When we come to study the symptomatology of head trauma, we are almost overwhelmed; we find so many complications and combinations, as a rule; yet in rare cases, only a few symptoms may be present; in fact, only one may be apparent in a most serious trauma of this character.

As the brain is the seat of intelligence, we would expect, naturally, and rightly, too, that this function should be altered to some degree, which is the case generally. This is evidenced usually by the impairment of consciousness, yet fatal brain injuries may occur without the loss of consciousness, but such are rare.

This multitudinous symptomatology may be divided for sake of convenience into four groups: mental, surgical, cerebral, (including focal) and general.

Digitized by Google

The mental evidence of brain injury may be farther subdivided into those symptoms appearing early and those later.

The former consist of the varying degrees of alteration in consciousness, such as result from concussion, stupor, coma, vertigo, etc. Amnesia of the ordinary type or a retrograde amnesia is not uncommon. General confusion of thought, both as to substance and connection, may be present.

Among the latter may be mentioned, broadly speaking, traumatic insanity, delirium, hallucination, dementia, etc., and the various types of traumatic epilepsy. As a rule, these late symptoms are accompanied by cerebrasthenia to a greater or less degree; in fact, in not a few cases this is all the patient ever complains of.

The surgical aspect embraces contusions, lacerations, edema, hemorrhage and fracture. Most of these points are well understood, diagnosed and treated, when confined to the external tissues, that is, to the scalp and bone; but when the brain substance and its membranes are invaded they are too often lost sight of. A fracture of the skull with depression may be overlooked, but generally is not.

A fracture of the base, of course, is a more serious proposition, but the evidence of this grave injury is generally readily recognized and appropriately treated.

When one is dealing with concussion, contusion and laceration with edema or hemorrhage, and accompanied with or without a fracture, it is a most difficult problem and often requires the greatest skill to reach a correct diagnosis as to which condition predominates, and the diagnosis is of great importance

Just at this point a word of warning may not be amiss. The medical attendant is urged by kind and sympathetic friends to act quickly, but this is just what he should not do, unless he is certain, or reasonably certain, as to the exact condition that exists in the skull cavity. Concussion, with laceration followed by hemorrhage may be present; concussion with contusion followed by edema may be the condition encountered. The two classes of symptoms are quite similar, but the former is more liable to require surgical interference than the latter. The evidence of compression is present and is the same in both, but it is more acute, as a rule, in hemorrhage than in œdema.

The sphygmomanometer is, under these circumstances, not to be forgotten, and spinal puncture may give most valuable evidence; also in a certain proportion of cases the opthalmoscope may render assistance.

Digitized by Google

Under the head of cerebral and focal symptoms may be enumerated headache, vertigo, meningitis, cerebritis, abscess, and the various cranial nerve paralyses, which latter depend upon the location of the lesion. Motor and sensory alteration may also be taken as focal signs under certain conditions, especially the former when it is represented by a monoplegia, diplegia or hemiplegia, the latter being most frequently encountered.

A multiplegia is generally fatal, also a paralysis involving the bulbar nerve centers; especially that of the pneumogastric.

Sensory alteration may be found together with hemiplegia of traumatic origin, but it is rare, and one should look with suspicion upon such evidence alone, and carefully eliminate hysteria before accepting it at face value.

Special sense palsies or alterations are rare, but do occur; those of smell, sight and hearing being most common in fractures of the base. A fracture in this region also frequently catches the seventh.

A localized meningitis and cerebritis, complicated by a late hemorrhage, is more frequent than is generally supposed, and in a case of five to fourteen days' duration should not be forgotten as a possibility.

Hemmorrhage as a rule, comes on rapidly but not suddenly, as in apoplexy, and is generally local rather than disseminate, and may or may not be followed by paralysis, depending upon location.

Abscess is one of the later manifestations, but should headache persist, with vomiting at times, an increase of temperature and an occasional chill, it may well be suspected.

The condition of the pupils is of much importance, their size and equality, evenness of the borders, and reaction to light and accommodation are to be considered, not forgetting a possible paralysis of the extrinsic eye muscles resulting in diplopia.

Speech may be impaired, the various forms of aphasia and dysarthria being present, and deglutition may be impossible or difficult, and vomiting is frequently encountered, and may be a serious complication.

Tachycardia or bradycardia is frequently present, and if persistent, may be of serious import.

Alterations in both deep and superficial reflexes are often observed, and theBabinski phenomena on one or both sides may be encountered; also the Gordon and Openheim signs, taken in connection with other evidence is of importance.

Under the head of general evidence of intra-cranial trauma,

Digitized by Google

may be enumerated the usual evidence of shock, lowered blood pressure, polyuria and occasionally glycosuria may be encountered.

The asteriognostic sense may disclose important evidence at times, for it has been fairly well demonstrated to reside in the temperoparietal region.

Diagnosis.

A diagnosis is not difficult to make generally, when one takes the history and physical findings into consideration, but cases are frequently encountered that require repeated examinations and careful observation before an opinion should be given. At this point it might be of assistance to review in one's mind the differential points between a lesion of the central and paripheral neuron. In the former, one has to deal with a paralysis of the spastic type, an increase of deep reflexes; the superficial are often diminished or absent; the Babinski sign is frequently found; atrophy is slight, and normal electrical reactions prevail. On the other hand, in a paripheral lesion, the paralysis is more likely to be of the flaccid variety; deep reflexes are diminished or absent, and the superficial may be increased, but may be absent; the electrical alterations frequently present the reaction of degeneration and atrophy is pronounced, and trophic changes marked so that the two conditions are almost diametrically opposite. An entire book could be written on the differential points between the functional and organic cases; the term functional being used to describe those cases devoid of pathology, as found by our present methods of investigation.

Hysteria and neurasthenia, however, should under certain conditions, be considered just as much the result of trauma as is a fractured bone or a contused and lacerated scalp or brain. The *prognosis,* as you have already concluded from the great variety of symptoms mentioned, as well as from the nature of the subject under consideration, must depend upon each individual case and is very variable. Only general conclusions can be drawn. Statistics have been gathered by surgeons on fracture of the base, this being the most uniform in nature:

Name	Total Cases.	Mortality.
Heer	58	50%
Van Ness	82	47%
Phelps	286	61%
Wier and Ball	68	58%

The general average being about 57%.

Digitized by Google

Upon the question of time, 62% of all deaths are within the first day. Ninety-five per cent of all cases that die, result fatally within the first five days; those dying later generally succumb to some inter-current disease, pneumonia, etc.

English has made some important observations as to the time of going to work, following the receipt of brain injuries, that are of interest, yet he fails to state the number of cases observed.

After simple	concussion,	4½	weeks.
"	contusion	9½	"
"	laceration	13	"

In this latter group, however, it may be one or two years before perfect health is secured, and in some cases, never.

Dollken of Germany after eight years' experience with 13.000 working people in four factories, has demonstrated that when wages were paid during the time of incapacity that the acute neuroses, which were fairly common, hardly ever became chronic; on this as well as the skill of the doctor who first treats the case largely depends the prognosis.

Burr of Philadelphia believes after careful observation and experience, upon the question "Does trauma of the head cause insanity" that there must be a suitable soil condition first, such as unhealthy ancestry, cerebral arterial disease, syphilis, alcoholism, etc., otherwise insanity is not likely to follow trauma; he has never seen paranoia, or true melancholia follow trauma. According to the same author the most common symptoms, in the mental alteration are confusions, delusions, simple dementia and epileptic insanity. Burr is supported by two French investigators, Dupoury and Charpentier, who believe that trauma *per se* is not an only cause of insanity, but it is in nearly every case merely an exciting factor. Their conclusions are of interest and are as follows:

First: That traumatism reveals the special inherent predisposition of the individual suffering the injury. The more marked the predisposition the less the injury needed to determine the same mental disorders.

Second: Head trauma may disclose hysterical or epileptic phenomena in a potential hysteric or epileptic, delirium tremens in a chronic alcoholic, or mental confusion in the subject of auto-intoxication, hepatic, renal, or other predisposition.

Third: Slight lesions determine exaltation of the intellectual functions, destructive lesions abolish these functions.

Fourth: Post-traumatic dementia is always the result of profound and extensive cerebral lesions, and this form of de-

Digitized by Google

mentia may simulate in predisposed individuals true general paralysis.

Fractures of the vault are more difficult to secure figures upon than fractures of the base.

In a general way we might say a head trauma is always grave if coma is persistent; or if delirium is active and continuous, the higher the fever, and the more rapid the pulse, the less favorable is the case.

Small pupils that fail to react, and accompanied by polyplegia or hemiplegia is also grave.

Treatment.

We do not propose to discuss the subject of treatment exhaustively, but it might be well to mention the fact that in this class of cases is just where the surgeon and neurologist can work together most successfully, and illustrates the dependence of one branch of medicine upon the other. Upon this subject B. Sachs of New York in a paper before the Boston Society of Neurology and Psychiatry sums up the following conclusions:

First: Find out first if the brain is tangibly injured and determine the location as to its accessibility. In inaccessible cases simple trephining may be done if increasing cranial pressure is not relieved by lumbar puncture.

Second: It is more important to decide whether to operate or not, than it is to do the actual operation. He would only leave the decision to the surgeon alone in cases of severe fractures of the skull and in clear cases of middle meningeal hemorrhage.

Third: In determining the gravity of a given case, disturbances of the cardiac and respiratory action, the control of vesical and rectal function and the condition of consciousness are the most important points, the condition of the pupils alone being of no special value as an operative indication.

Fourth: If the external injury points to one site and the symptoms to another, both should be considered, the former being attacked first.

Fifth: This writer also criticises the fact that cranial surgery has not kept pace with abdominal surgery and believes that surgeons would get better results if they would improve their technique for this work.

Bullard in a paper before the same society recommends operation, unless especially contraindicated.

First: All depressed fractures and all compound fractures of the vault even if linear and without depression.

Digitized by Google

Second: In cases where cerebral symptoms are clearly due to trauma, as

(a) Where unconsciousness comes on after a period of consciousness.

(b) Where unconsciousness has lasted for more than twelve hours.

(c) Where unilateral convulsions are present without any previous history of convulsions.

As to complications and sequelæ, each must be managed on its own particular merits as it appears, and the subsequent treatment is that of the particular condition present.

Hysteria and neurasthenia or neuro-pyschasthenia of traumatic origin, should be treated the same in a general way as that found from any other cause, as well as all the traumatic psychoses. The same rule holds good when applied to traumatic meningitis and cerebritis.

If the general aspect of the case be grave, however, because of acute compression, no matter what the cause, it is generally safer to open the cranial cavity than to refrain. Yet the surgeon may hesitate because of the possible increase of his mortality per cent, for these cases are frequently unpromising from the beginning, but certainly are most serious, if left alone, and will usually die.

Hospital Versus Home Care of the Sick.

*By H. Winnett Orr, M. D., Lincoln.

The aim of medicine is to provide the most immediate relief and the best care for the sick. Recent years have seen many improvements in the methods employed for this purpose. Instruments of precision and refined technique have been rendered necessary in all branches of medicine by the application to diagnosis and treatment of the X-ray, blood pressure apparatus, microscopical and physiological laboratory examinations, the requirements of asepsis and others too numerous to mention.

A comparatively few of these methods have been so simplified that they can successfully be carried to the bedside of the patient at home. Nearly all, however, can be successfully assembled in even a small hospital. That these facts are recognized is shown by the rapid multiplication of institutions of all kinds and sizes for the care of the sick, not only in the cities,

---

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

but in the town and villages. The hospital represents the concentration of the best things in modern medicine. Moreover, it represents usually the association and co-operation of physicians who formerly worked alone. Out of this association there develops a better kind of competition and opportunities for comparison of methods which account in large measure for the high tone of the profession today.

Much of the progress that has been made in organization and science can be traced to the hospital and the hospital laboratory. Much of the uplift in medical education can be traced to the failure of the smaller and inadequately equipped schools to measure up to the laboratory and hospital standards of their more successful competitors.

At the present time only some physicians who are still outside of hospitals and a large majority of the laity fail to sympathize with the development of hospitals.

Hospitals represent not only much better but less expensive care for the sick. The hospital nurse, the graduate of a proper training school, is the nurse of today. The day of the practical nurse, so-called, is past. Practically all physicians and many patients now recognize that fact, but much education will still be required before the entire profession and all their patients can be brought to realize that only in an institution can the nurse and the doctor in association give the best service and secure the best results for the patient. The hospital offers not only the advantages of modern equipment and apparatus but the kind of care which comes from systematic organization of workers and methods.

Conclusions as to the results of these methods and of certain lines of treatment can not be reached from their application to a single patient but only where the effects upon different patients under similar conditions can be accumulated and checked up.

The hospital becomes a means of education for patients as well as doctors and nurses. Better ideas as to the conduct of the sick room can be inculcated and made available for future use so that the effect becomes an effect not only upon individuals but upon the family and the community as a whole.

It is safe to assert that the grade of medical service is higher, without regard to any other factors, in any community or in any locality where there is a hospital than where there is none. Any physician who has ever so small a hospital with a nurse or nurses and with such equipment as he is able to gather together, even though his own personal qualifications

Digitized by Google

may not be so high or even though he himself may not rank as a specialist along any given line, is giving his patients more for their money, as the saying is, than he could possibly give without his hospital.

Whatever may be said in criticism of the present day hospital the writer believes that the above facts will be conceded and that our efforts should be not to discourage but to encourage what might be called the hospital movement. If there are abuses let them be carefully considered and as rapidly as possible properly dealt with. The hospital is based upon a correct idea. It is good for the patients and for the doctors. Let us make hospitals better if we can and by all means let us have more of them.

Pyloric Obstruction Due to Gallstones.

*By F. A. Brewster, M. D., Beaver City, Neb.

I have classified this case as Pyloric Obstruction, because the adhesions which resulted from the inflammation excited by the impacted stone included and involved the pylorus, causing it to become completely obstructed. However, it may be more appropriate to class it as suprapapillary duodenal obstruction, since the stone which was the exciting cause of the obstructive adhesions was situated in this region. It has only been within recent years that obstruction of the duodenum has been described, and the reported cases are quite few; and the majority of text books have little, if anything, to say about it.

History: Mrs. S., age 44, married, previous health good except some indigestion for about two weeks previous to her illness. She had never consulted a physician until July 1st, 1910, when I was called to see her on account of pelvic pain, for which 1/8 grain of morphine was given. Upon a vaginal examination a firm mass could be felt, filling the entire right side of the pelvis, pushing the uterus over to the left. She had a chill during the night, which was followed for 24 hours by a temperature of 102½, which gradually subsided and was followed by attacks of nausea and vomiting. The vomiting became more frequent, and was preceded by eructations of gas, and neuralgic pains over the pit of the stomach and left hypochondriac region, which the nurse found were relieved by deep pressure in the pit of the stomach. She became unable to retain any nourishment, and considerable dark-colored, sour fluid was vomited,

*Read before the Republican Valley Medical Association.

Digitized by Google

which contained hydrochloric acid. I asked for consultation, the result of which was a conclusion that inasmuch as uterine and ovarian neoplasms may cause severe gastric neuroses, and in the absence of any other apparent cause we advised removal of the pelvic growth, which proved to be a multiple fibroid tumor of the uterus. The operation consisted of removal of the uterus, tubes, ovaries and appendix, which was done July 22nd, 1910. There was a hæmatoma in the right broad ligament, which I blamed as the cause of the pain, chill and fever upon my first visit. After the operation the patient was supported by rectal nourishment, and the stomach symptoms closely watched. When the time expired during which the nausea could be explained as the effect of the anæsthetic, we watched the stomach symptoms more intently than ever, and while the symptoms were different in character and the vomiting not so frequent as before, yet the vomiting continued at intervals, and the record shows that at this time there was vomiting of a considerable quantity of dark green material. In about a week after the operation she ceased vomiting bile and the dark-colored material as before, and vomited only celar water or such material as was put into the stomach. The test meal showed hydrochloric acid, yet there was conclusive evidence of pyloric obstruction. No enlargement could be felt through the adbominal wall, and there was no cachexia, and not the ordinary disgust for food that cancer patients usually have. She had never been jaundiced, and never had biliary colic. Her vitality was rapidly becoming exhausted, as she had not retained food for five weeks, and had vomited more or less continually.

On Aug. 5th we again decided to open the abdomen to investigate the cause of the pyloric obstruction, and found the pylorus firmly bound down in a mass of adhesions, in the central part of which could be made out an indefinite mass about the size of a small hen's egg. Suspecting that we had a malignant growth to deal with, we hurriedly did a gastroenterostomy and put the patient back to bed, as she was too weak to withstand much shock. She at once began vomiting bile, which escaped into the stomach through the anastomosis, and this continued to occur about every hour all night and part of the next day, when I had her turned on her left side and her head and shoulders elevated, then the bile ceased going into the stomach and she stopped vomiting altogether and began taking light nourishment. Her convalescence was uninterrupted until August 28th, when she was taken with severe abdominal pain and vomiting, with obstruction of the bowels, which continued seven days.

Digitized by Google

The obstruction occurred in the small intestine, and a lump could be distinctly felt through the abdominal wall. These symptoms subsided and the bowels began moving and she again began taking nourishment, and on September 11th a gallstone nearly 2 inches in length and 1¼ inches in diameter was removed from the rectum under anæsthesia. Since this time she has had perfect health, and has increased greatly in weight.

From this case we learn that we may have a large gallstone make its way from the gall bladder to the lumen of the intestine without causing jaundice and without biliary colic; and that the early symptoms pointing toward cholelithiasis may be so trivial as to be entirely overlooked. Our attention is called to the symptoms of duodenal obstruction, which, when occurring above the ampulla of Vater, can not be differentiated from pyloric obstruction, and so far as I have been able to determine, not a single case has ever been diagnosed during life. About six years ago I sent a patient with symptoms of pyloric obstruction to Dr. C. C. Allison, and a probable diagnosis of cancer was made, although the test of stomach contents excluded it. An incision was made, and a local tubercular peritonitis found, involving the upper portion of the duodenum. Obstructions of the remaining portions of the duodenum, either over the ampulla of Vater or below it, present such definite and characteristic symptoms that a correct diagnosis in these cases can usually be made. If the stenosis is directly over the exit of the bile and pancreatic fluid there will be an obstruction of the biliary tract resulting in jaundice, clay-colored stools and icteric discoloration of the urine. The obstruction to the flow of pancreatic fluid will result in an inability to split up fats. Therefore, an important diagnostic symptom of duodenal stenosis over the ampulla of vater is fæces containing no biliary coloring matter, and which are rich in fatty elements.

The most serious and at the same time the most definite symptoms are found in cases of obstruction of the duodenum below the ampulla of Vater. The typical symptoms are a discharge of bile and pancreatic juice into the stomach, and there is continual vomiting of bile and pancreatic juice, but no fæcal vomiting. There is no meteorism, and the epigastrium is retracted on account of the empty condition of the intestine. The surgical treatment for both supra- and infra-papillary stenosis is gastro-enterostomy. The question may arise with cases of stenosis below the opening of the bile and pancreatic duct whether or not the constant presence of these two secretions in the stomach can result in any injury; and until recently it was

Digitized by Google

beileved that the presence of bile in the stomach would cause vomiting. However, recent investigations demonstrate satisfactorily that the presence of bile and pancreatic juice in the stomach produce no injury to the latter, nor any evident disturbances, and digestion is carried on in a perfectly normal way. The first attempt to cure duodenal obstruction by means of gastro-enterotomy was undertaken in 1896 by Trendelenburg, and was unsuccessful. A number of cases have since been successfully treated by gastro-enterotomy, but are still uncommon.

The intestinal obstruction which occurred in this case is an interesting feature, and adds one more case to our meager statistics concerning this lesion, and bears out the results of Mayo-Robsons investigations, which are as follows: Gallstone obstruction affects persons of advanced age; few instances are reported in which the patient is under 40 years old. It occurs four times as often in women as in men. The stone may lodge in any portion of the small intestine; the usual sites are the duodenum, jejunum, or lower ileum, two or three inches above the valve. Spontaneous recovery occurs by the dislodgment of the calculus in 44 out of 82 cases, (Nannyan,) and in many after the most acute symptoms of obstruction were present. Investigations show that all gallstones while yet in the biliary channels or gall bladder may excite peritonitis, resulting in paralytic obstruction, or the calculus may be discharged from the body through the natural passages or through some circuitous route by ulceration; the resulting peritonitis, adhesions and contractions may cause obstruction at some remote date. It is unusual for a calculus sufficiently large to cause intestinal obstruction to reach the intestine by the ordinary channels, and as the calculi do not increase in size by accumulation of salts after entering the intestine, they must reach this channel through a fistulous opening established by ulceration between the gall bladder and an adjacent coil of intestine. Multiple calculi by clumping may occlude the lumen of the intestine, the largest number reported being fifteen.

American Work in Surgery and Medicine.

By Mary Strong. M. D:. Omaha.

A few weeks ago an intelligent young senior medical student of American descent expressed his utter amazement when I told him the first successful ovariotomy was done by an American. Hence this paper.

Digitized by Google

Just now it seems well that medical students should know that Americans have done some great things in medical science, such as even European scientists have recognized.

About 1809, in a little country town in Kentucky, lived a country doctor, Ephraim McDowell. He had studied a while in Scotland and there, one day, heard his professor say that he thought it was possible to open the abdomen of a woman and remove what we now call an ovarian cyst. At that time all cases of the kind died, after dreadful suffering.

The Scotchman said the operation never had been done, but he thought it might be done sometime. It was. One day in the forests of Kentucky, a poor woman, afflicted with this dreadful and at that time always fatal disease, heard that Dr. McDowell thought he could cure it. So he was sent for, but told her she must come to his house. This poor woman rode over sixty miles on horseback, supported by her husband, in hope of an operation which might save her life. Remember, in those days there were no such things known as anæsthetics nor antiseptics. Meanwhile the neighbors heard that Dr. McDowell was going to butcher up a woman, so they prepared for action. Kentucky is, and has always been, famous for riflemen. They were there. But Ephraim McDowell, with only household accessories, no anæsthetics nor antiseptics, operated on that brave woman, while outside sat a row of men, ready to shoot him if she died. Under these pleasing and nerve-soothing circumstances the country doctor, Ephriam McDowell, the American, operated and succeeded.

I doubt if many Omaha surgeons would have cared to be in his place. He did some eight or nine successful ovariotomies after this one and then published an account of his work.

Of course this was received with incredulity and ridicule, especially in Europe. But the fact remains that a backwoods doctor in America taught the world how to do ovariotomy. This every American medical student should know and remember.

Another American, the son of a southern poor white, managed to take the short medical course then required for graduation. He lost his first two cases, but kept on and after a while began to succeed. One day he was called to a poor slave woman in labor three days. He delivered her by forceps, but in about three days came the word that the urine was escaping. An enormous vesico-vaginal fistula had resulted from the pressure slough. She was brought to him and he tried to repair. He failed. Other women were brought to him in similar condition

Digitized by Google

and he kept on trying. Finally he discovered the principle of the Sims' speculum. An old spoon was the first one used.

He kept and supported these poor negresses, whose courage nearly equaled his own, operating and failing till no doctor would help him and the poor women were his only assistants. One day a piece of fine brass wire made him think of trying fine silver wire for sutures. So he tried it on one woman. This was after four years' operative work on these women. He operated on one—her thirtieth operation. It succeeded and soon he cured all the others. He now began to prosper, but his health failed, so he went to New York, where his health improved, but the New York surgeons would not even grant to him ordinary hospital privileges. After a time some rich and charitable women started the New York Woman's Hospital and made him head surgeon. Later he went to Paris and London, was received with honors and showed them that an American could do what they could not do.

When using the Sims position or the Sims speculum just remember the poor country doctor who taught the cure of vesico-vaginal fistula, one of the most awful and disgusting afflictions a woman can have.—Marion Sims.

All operations used to be attended by such suffering that many lives were sacrificed by delay. Two Americans, Morton of Boston and Crawford of Georgia, about the same time began the use of ether, though the most widely known operation was done in the Massachusetts General Hospital. In the Public Garden in Boston stands a monument to the discoverer of anæsthesia. Whether from north or south, he was an American.

In 1843 a young man named Holmes wrote a thesis, greatly ridiculed by the old obstetricians. He claimed that uncleanliness of the operator was the cause of childbed fever. But Holmes was young and Harvard College not of great repute, and Semmelwiess of Hungary in 1847 gave more stress to this idea. But we know Oliver Wendell Holmes was the first to insist on cleanliness in obstetrics as a prvention of puerperal sepsis.

Here are four things in medical science—great things—Americans have given the world.

Most of you know of the two sons of a Minnesota country doctor, for the name of the Mayos is known to all surgeons.

Other names can be given of which we may be proud: Wier Mitchell, Senn, Vaughn and those heroes who lost their lives investigating yellow fever.

Give all credit to other lands, but remember that America

Digitized by Google

also has cause for pride in what she has done in medical research.

System in Diagnosis and Case Management.

By Chas. E. Remy, M. D., Omaha.

Scientific medicine has made great strides in the last few years. Through the development of modern pharmacology we are learning to use the single drug to meet definite indications. By careful study we have come to appreciate the great principles of rest and exercise. And modern dietetics, founded upon the newly discovered laws of nutrition and metabolism, has arrived at the state of an exact, almost mathematical, procedure.

With these new thoughts and principles evolved by the more scientific members of the profession, comes a need for greater care on the part of the clinician and general practitioner; first, in the matter of examination and diagnosis; second, in conducting the treatment. And the need seems to be not for more scientific, but for more systematic methods.

In the first place, every case that comes into the office should have a careful case history taken. On the one hand, it gives the physician a broader and more comprehensive view of the case; and in addition it furnishes data for filing purposes and future references. Following upon the case history there should be a thorough routine physical examination, which in turn should be followed, but never preceded, by a judicious questioning as to subjective symptoms. From the physical examination (the objective symptoms), and the subjective symptoms given, *modified by the case history* and such laboratory findings as may be required by the individual case, a symptom complex is established. Then must follow the careful process of elimination whereby the diagnosis is arrived at, and the case in hand takes upon itself a definite entity.

The very antithesis of this is seen in many offices. No case histories are taken. No physical examination is made. The patient offers a verbal statement of what he believes to be his ailment, combined with a few subjective symptoms, and the physician then proceeds to give him a prescription. No questions are asked as to his general mode of life and no attempt made to regulate it. The complication even sometimes arises of cases being sent to the surgeon for operation that have never had an examination. Occasionally it is not an operable case, at other times it proves to be of a nature entirely removed from that diagnosed by the home physician. This is simply citing one

Digitized by Google

of the many possible, deplorable results of the prevalent lack of system in case examination. Slip-shod, hap-hazard examination of cases is neither just to the patient nor just to the physician himself. It does not give the patient value received, and it does not give the physician an opportunity to bring what knowledge and talent he does possess into action. Every office should have some systematic plan of procedure for examination of its patients. If this is not established the physician will find himself slipping, little by little, into careless and half-way methods of diagnosis.

We have among us today certain men who are known to the profession as "diagnosticians" and "internists." And it is by adherence to a system—by a more careful attention to detail in diagnosis and in treatment of cases—that these members of the profession have become distinguished from their fellows.

System in the care and treatment of the case is no less essential than systematic methods in diagnosis. Much work can be anticipated and hence made easier as well as more efficient by laying out a certain system of treatment for each class of cases. Where this is done, as soon as the case has been placed under its proper classification and the diagnosis arrived at, the system of treatment to be followed is clear in the physician's mind. If a busy man it will be well to have multiple copies of typewritten instructions for the conduct and care, including specific directions for medication, diet and hygiene, as pertaining to each particular type of case. These should be at hand to turn over to the nurse, parent or whoever is in charge of the patient. In a few cases slight modifications are necessary to adopt these general rules to the individual case, but such modifications can readily be made at the time of delivery.

There are several ways by which having at hand sets of instructions such as those described is of advantage, not only to the very busy physician, but to every physician. In the first place there need be no misunderstanding of orders since these written instructions are at hand to be referred to at any time. Second, there will be no elaborate waste of time occupied by long and often repeated verbal instructions—instructions which, in the patient's more or less excited frame of mind, carry but little intelligence, or, if understood at the time, are forgotten before the case reaches home. It is useless to rely upon your patient to carry out any detailed set of instructions that are not at hand in black and white to be followed in A, B, C order.

Digitized by Google

Leave as little as possible to his judgment. And if it is a serious case see that every instruction for the conduct of the case is set down in detail, in the form of an absolute order, to go into effect at a definitely stated hour, and in a definitely stated way.

The practice of medicine has reached that stage where we may define it as the scientific application of the laws of Nature and common sense to the regulation of the life and habits of the individual. The successful outcome of a case depends on the strict and absolute adherence to the details of the treatment as outlined by the physician. This being true, then we, as physicians, know that of more importance than the adherence to instructions regarding medication is the matter of adherence to instructions relating to the diet and hygiene. This is impossible of comprehension by the laity. The matter of the treatment of disease still stands surrounded in their minds with a glimmering of the same awe held by their distant ancestors for the machinations of the tribal "witch doctor." The majority at heart still cling to the idea that the physician with a wonderful remedy produces a more wonderful cure. With this fact in mind the physician must, or should, come to realize that it is only the instructions pertaining to the administration of medicine that produce a profound enough effect upon the mind of the patient to give even the probability of their being remembered and carried out where given verbally, and the assurance that even these will be understood and correctly followed is never positive.

Methods for examination of cases and likewise the suggested outlines for instructions to patients cannot be set down in the abstract, so no attempt has been made to do so. The methods and outlines used must be worked out by the individual physician along those lines which to him seem best. But that every physician should work out and evolve some system for the conduct and management of his cases—both as regards methods of examination and of treatment—would seem unquestionable. System does not complicate work—it simplifies it, it saves time, it saves energy, it saves worry, and what is of more importance, it will save lives that irregular, hap-hazard work would lose.

Digitized by Google

CLINICAL REPORTS.

Large Congenital Umbilical Hernia, with Report of Case.

*By E. L DeLanney, M. D., South Omaha.

Synonym—*Hernia Fenicute Umbilicalis.*

Congenital Hernia of the Umbilical cord may be in size from a small tumor the size of a marble to a large tumor the size of a childs head and may contain from a single loup of intestine to the whole abdominal viscera, including the liver.

The abdominal opening may be so small as to barely permit the introduction of the little finger, to a complete atresia of the abdominal wall, by the failure of the ventral linia to meet in the median line. The opening may be round and as large as two inches in diameter.

The opening is covered by the amnion which is a continuation of the covering of the umbilical cord. It is thin and transparent and when the hernia is large the intestinal coils can be plainly seen through the thin, bluish membrane. When the hernia is small a small loup of intestine can be easily caught up and ligated and severed at the same time with the cord. The sac may be fusiform or pedunculated, depending on the size of the opening and quantity of its content.

If left alone and the child lives, the sac becomes opaque, symptoms of inflammation follow and the amniotic covering sloughs at the skin margin, leaving the visceral content exposed without covering. If the opening is very small granulation may follow and the opening close. If, however, the opening is of any size, the abdominal viscera protrude and peritonitis ensues, shortly followed by death. The cord is usually attached to lower part. In very large hernia and with difficult deliveries, the amniotic covering may become ruptured and the intestines squeezed out during delivery.

Etiology:

Failure of intestinal coils, which are normally present in the cord in the second or third foetal month, to return in the abdominal caviety. (Oken-Ahlfeldt). This, however, would not explain those conditions in which the liver is found in the sac.

Ahlfeldt attributes the cause to a failure in atrophy of the Ductus Omphalomesentericus, the process of atrophy is retarded and the opening does not close around the vessels of the cord and Urachus.

---

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

Aschoff doubts this theory but does not offer a better one.

As neither the theory of Oken, Ahlfeldt or Aschoff seems to fit our particular case, we will have to formulate our own theory on the findings of this particular case, seeing, however, how the above might hold good in other cases.

Treatment:

Where small, an antiseptic pad to hold intestines in place after the fall of amniotic covering and waiting for granulation, might be justifiable. When the opening is large, however, the procedure is entirely surgical.

Kelly, in "Surgical Diseases of Children," says (page 534) "Closure by approximation of margins and suture, is indicated and may succeed, but often fails."

Pfaundler and Schlossman recommend the radical operation first performed by Lindford in 1882, i. e., open hernial sac, freshening skin margins and suturing.

Ollshausen recommends extraperitoneal method, i. e., separating peritoneal covering from amniotic covering, freshening edges and suturing.

C. Breus recommends employment of percutaneous sutures, but owing to the large size of the opening in our particular case and other conditions, to be herewith quoted, none of the above methods were considered advisable.

We will now describe a case, herewith illustrated:

History:

Child, male, full term, labor easy, lasting about four hours. Large quantity of amniotic fluid. Paternal history negative, save that the father is quite a heavy drinker.

Maternal history, age 39, German, married twice. Five children with first husband, all living and well. Five children with second husband, one died of enteritis at 18 months. Others all well. One set of twins in second set.

Grand parents on both sides very old. No history of any deformity anywhere along the line.

Case:

On tying the cord a large tumor, as large as a fist was found at foetal extremity and connected to the child's abdomen. It was covered with a thin, bluish membrane, a dilatation of the amnion covering the cord. The membrane was transparent and the dark loups of intestines could be seen within the hernia. A large opening in the umbilical region connected the sac with

Digitized by Google

the visceral cavity. The bowels could be easily replaced but when released found their way back into the amniotic covering.

It was seen that as soon as the cord separted the visceral content would be exposed to the outside world, so the next morning, nine hours after the child was born, it was removed to the South Omaha Hospital, where we found the following condition:

Male child, well nourished, normal, with the exception of abdomen, which presented a peculiar appearance, on which I want to lay special stress. The abdomen was very large and flacid and when the child was on its back seemed to "run over," so to speak, a fall on each side of the flanks, just as a large dropsical abdomen on an emaciated person looks, after it has been tapped and a large quantity of fluid withdrawn.

Digitized by Google

In accompanying illustration, the nurse is seen holding up the folds of abdomen so it will show in the picture.

In the center of the flaccid abdomen was a large umbilical hernia in the cord, containing loups of intestine, containing dark colored meconium. The peristaltic motion and passing of the meconium forward could plainly be seen. The shape of the abdomen lead us to believe that in this particular case, the failure to close, of the abdominal ring, had been due to some intra-abdominal pressure, probably a foetal hydrops and subsequent findings seem to confirm our belief.

Assisted by Dr. R. E. Schindel and with Dr. A. A. Fricks as anesthetist, whom I want to mention here for a great part of the success of the case was no doubt due to the manner in which the anesthetic was given, we prepared the abdomen in the usual way and with the usual surgical proceedure.

Without an anesthetic the amniotic covering was dissected from the true skin, from which it was sharply defined. The two umbilical arteries, which were found in lower left hand side of opening, were clamped and tied with No. 2 Zonas gut. The umbilical vein, which was found in the upper left hand side, was treated the same way. This left an opening about two inches in diameter. From the peritoneal cavity, about a cupful of thin straw colored fluid flowed out, corroborating, in a way our theory of prenatal intra-abdominal fluid.

The hernial opening, above mentioned, was found surrounded by a tough cartilage like ring, which no amount of freshening up, short of a complete dissection, would have permitted of union if the parts had been so united. To overcome this condition and make a stronger union, we determined to split the ring in two, thus making two flaps, an internal and an external flap, as described by Mayo in his operation for the radical cure of umbilical hernia.

A few drops of ether was now given, just enough to numb, but not enough to put the child totally asleep. The cartilagenous ring was split and it was a surprise to us to find how tough the ring had become and it was at least half an inch thick. After splitting, two flaps were dissected apart for about one and a half inches, the remainder of the operation was done just as in the Mayo for adults, i. e., the inside flap was overlapped with the upper flap overlapping the lower flap by about one inch and sewed with No. 2 Zonas Cat Gut, the line of sutures running crosswise. The outside flap was sewn with Silkworm gut with the line of suture up and down. The child was under the in-

Digitized by Google

fluence but a very few minutes at a time and did not seem to suffer pain.

The recovery was uneventful and at the end of the third day was returned to its mother. It very seldom cried and grew rapidly.

The three points I wish to bring out in this paper are:

First: The appearance of the abdomen coupled with the finding of fluid in the abdominal cavity, which would seem to substantiate our theory of prenatal intra-abdominal pressure, perhaps in the early foetal stage.

Second: The departure from usual lines in repairing these deformities.

Third: The possibility of performing quite a radical operation on the newborn, with very little or no anesthesia.

Digitized by Google

The child is now two months old and as the accompanying picture shows, a rather well developed head and limbs. The abdomen is still flabby and pendulous. There is quite a deformity to the left side of the chest, it being quite prominent at the costo-cartilage juncture of third to sixth ribs. The left kidney is found floating freely in the abdominal cavity.

While we know that the reporting of one case is not enough to prove very much, yet these cases are so few that one man has very seldom more than one or two to report in his practice.

The non surgical treatment is entirely hopeless, while the previous surgical methods offered so little that I felt justified in presenting this case to you for discussion.

A Whole Nation Vaccinated.

Smallpox has been stamped out in Guatemala after a long epidemic, but only by the rigorous and unprecedented vaccination of every individual in the country. The whites have ever submitted voluntarily to vaccination; but the Indians, by reason of superstition, have heretofore always refused to be inoculated. Dr. J. A. Padilla, surgeon-general of the marine hospital and quarantine service of Guatemala, finding the epidemic beyond his control, made strong representations to President Cabrera of the necessity of immunizing the Indians, who were spreading the disease. The president then issued the order for general vaccination. Every physician in the republic was called on to assist, some thousands of dollars were invested in vaccine, and the soldiery concentrated the Indians. For three months the physicians worked daily. For the first time in its history (it is said) all Guatemalan ports are at present free of contagious diseases and passenger traffic is without restriction.

A young lady came into a drug store and asked the clerk if it were possible to disguise castor oil.

It's horrid stuff to take, you know. Ugh!" said the lady with a shudder.

"Why, certainly," said the clerk, and just then, as another young lady was taking some soda water, he asked her if she wouldn't have some too.

After drinking it the young lady lingered a moment, and finally observed: "Now, tell me, sir, how you would disguise castor oil."

"Why, Madam, I just gave you some——"

"My gracious me!" exclaimed the young lady. "Why, I wanted it for my sister!"

Digitized by Google

ABSTRACTS.

Acute Internal Hydrocephalus and Blindness Caused by Lumbar and Ventricular Puncture.

Unfortunately, most of the brilliant results obtained by decompression operations in blindness with choked disk are vitiated by the further progress of the brain tumor, which generally lies at the bottom of the trouble. With acute hydrocephalus, the case is different, as illustrated by the striking case reported by Pap (Abst. in Recueil d'Ophtalmologie, May, 1911, 159). His patient was a child of 7 years, who was suddenly taken with fever and vomiting, becoming completely blind in the course of two days. A week later, June 16, extreme oedema of the optic disk was noted, with no perception of light. Lumbar puncture removed 40 cc. of clear liquid with numerous leucocytes. Two days later patient could see light. Next day, violent headache, vomiting, blindness complete again; 4 cc. removed by lumbar puncture. Next day skull trephined and lateral ventricle punctured with needle 9 cm. long; 5 cc. of perfectly clear fluid removed. Immediately afterward, patient could count fingers. Next day, in spite of headache and vomiting, V^{l}=6-15. Three weeks later, vision normal ,both sides and optic disks normal. GIFFORD (Omaha)

The Motor Function of the Pyloric Sphincter and Antropyloric in Dogs After Transverse Section of the Stomach.

(Mitteilungen aus den Grenzgebieten der Medizin und Chirurgie. Band 23. Heft 3.)

Kirschner and Mangold have investigated both the secretory and motor functions of the pars pylorica after transverse section of the stomach. They found that the vagus innervation is of comparatively little importance to the function of this part. They freed the pyloric portion of the stomach from vagus innervation and from functional association with the cardiac portion. The tonus of the pyloric sphincter and the rhythm of its opening and closing in the emptying of the stomach remained completely normal. The increase of pressure brought about by the contraction of the antrum pylori and the manner of its contraction remain unchanged. The functional co-ordination of the sphincter and antrum were not affected. The chemo-reflexes set up from the duodenal mucous membrane persisted in the pars pylorica after section.

Digitized by Google

They argue that we are justified in assuming similar condition existing in man because the physiology of the dog's sphincter pylori and the human shows marked similarities. In case the clinical observations already made do not conflict with the results gained in the dog, the experiments on the dog stomach should hold for the human. A transverse section was made in some instances and immediately sewed together again with a complete restoration ad integrum in a physiological sense inasmuch as the regulative and motor functions of the distal portion of the stomach remained unaffected.

DUNN (Omaha)

Tuberculosis in Pregnancy.

Schauta (Monatss. f. Geb. u Gyn., 1911, Band XXXIII, Hef. 3, S. 265), has published a very interesting discussion on tuberculosis in relation to pregnancy. There has been much controversy in the literature on this subject and much difference of opinion has been expressed. Because of the great importance of the subject the following epitomy of the article of Schauta is presented:

Seventy-three per cent become worse and 45% of tuberculous pregnant women die. Old cases relapse in 68%. The influence of tuberculosis upon pregnancy is usually not manifest until some weeks or months following confinement; this is true in many of the patients, who apparently improve in their general condition throughout the course of pregnancy. Schauta observed that many of the German sanitoria refuse to take tuberculous cases because of their unfavorable prognosis. In Norway the mortality has been observed to be 50% of the cases treated in sanitoria. A little more than one-fourth of the cases treated during pregnancy persue an unfavorable course in spite of the best of care.

It is found that there is a great mortality of the children born of tuberculous mothers; few of them live beyond 20 years of age; 89% of the mothers are benefited by induction of labor in the first stage of tuberculosis; 83% are benefited by the induction of labor in the second stage of tuberculosis and only 25% in the third stage; 91% are improved where pregnancy is interrupted in the first month of gestation. The conclusion, therefore, is that it is the duty of the physician to interrupt pregnancy at the earliest possible moment. Schauta believes that it is best to sterilize these patients because tuberculous women

Digitized by Google

conceive easily. To accomplish this he advises the removal of the fallopian tubes.

PALMER FINDLEY (Omaha)

Recent Views on the Origin of Tuberculosis of the Lungs.

Rumpf (abst. in Monatsschrift f. Ohrenheilkunde, p. 416, 1911), in reviewing the weight of opinion, as shown at the recent Tuberculosis Congress, says that the infection, through the ailmentary canal, is given a wider scope than formerly, and that more and more investigators are coming to a belief in the great frequency of a haematogenous origin of lung tuberculosis. The bacilli reach the lung tissue, not by direct inhalation, but indirectly through the lymph glands of the neck and bronchi, and thence through the blood. The tubercles in the lungs originate in metastases in the smallest blood vessels. Many authorities lay great weight on the pharynx and tonsils, especially the pharyngeal tonsil, as a port of entry for the bacilli. The experiments of Bacmeister confirm the view of Freund, as to the importance of a too narrow space beneath the first rib, as a predisposing factor in apex tuberculosis. He wound wire closely around the first rib of young rabbits and then inoculated the animals, in an inguinal gland, with tubercular bacilli. A localized tuberculosis developed as soon as the lungs grew into the narrow ring of the first rib, and this effect could not be produced by causing the animals to inhale the bacilli. Rumpf pointed out the analogy between tuberculosis of the lungs and of the female genital organs. Here also are communicating canals communicating widely with the outside world, and thence open to infection, nevertheless Jung at the last Gynæcological Congress said that the great majority of cases of tuberculosis of the female genitals occur by way of the blood.

GIFFORD (Omaha)

The Cause of Pellagra.

(Editorial from American Medicine. Volume IV, No. 10, October, 1911.)

The cause of pellagra is still unknown, but the facts seem to indicate a living parasite and not a poison produced by some saprophyte on spoiled corn or any other food. Sambon (Jour. Trop. Med., September 15, et seq., 1910), has the best of the argument so far and certainly all the facts are explained on

Digitized by Google

his theory that a sand-fly (simulium) of one or several species is the carrier of an unknown protozoon. The disease never appears except where and when this fly abounds, has no evident relation to food, and is communicable in the same sense as malaria and yellow fever. Sambon had previously formed a correct theory as to the cause of sleeping sickness by the same course of reasoning, and his views are therefore doubly entitled to respect. But, as in the case of King in malaria and Finlay in yellow fever, we must wait for proof by experiment. Pellagra is confined exclusively to those who work outdoors near the rapidly flowing small streams which are the habitat of the fly, and nowhere else. There are such places without pellagra, of course, because the infecting agent is absent; as likewise there are many places now free of malaria, though the anopheles is there. Town dwellers are never affected nor are country pople who do not go near the streams, as the fly never enters a house. As for corn as a cause, the evidence shows that but few corn eaters are afflicted and that many cases had never eaten it. Cottonseed oil, the latest alleged cause, is not known where the disease is most prevalent. Still, we must remember that only a year or two ago the facts as to beri-beri were equally well explained on the rival theories of an infection and a poison of spoiled rice, and that it turned out to be allied to scurvy—due to the deprivation of something in that part of rice removed by "polishing." Poor people are mostly affected by beri-beri because they cannot afford other foods which supply the needed ingredient, but the poor agricultural laborers are mostly the victims of pellagra because they are the chief ones exposed to the fly and they may be infected in spite of good feedng. JOSEPH M. AIKIN, (Omaha)

Abstract from Review Archives of Pediatrics, October, 1911.

Radical removal of the tonsils and adenoids by Charles G. Kerley, M. D., in which the author reports having performed operations 137 times by the finger method. He has had no case of severe hemorrhage, and but one case of post-operative adenitis, and this responded promptly to local application of cold. The author also advocates the administration of sodium lactate preceding the operation. He also avers that after the operation for adenoids adhesive bands form in the pharynx that interfere with the breathing and advocates that from six weeks to three months after the removal the vault should be carefully examined with the finger.

Digitized by Google

Involution of thymus by X-ray. This interesting article is by Alfred Friedlander, M. D., of Cincinnati. It includes the ordinary study of the influence of the X-ray on the thymus of young rabbits. After from two to ten exposures the animal was killed and careful microscopic examination made of the gland. The changes were constant, only varying with the number of exposures. The change consisted of marked fibrosis without evidence of reticular tissue. By intense exposure it was possible to cause complete disappearance of the gland. Also profound changes occurred in the spleen, although this organ was purposely protected from the X-ray. The author concludes that the X-ray is a safe and effective treatment for the condition of status lymphaticus. That in this condition it is not only possible to produce involution of the thymus, but also to reduce the size of the spleen and lymphatics; also that after partial involution by X-ray the gland is capable of regeneration.

Another excellent article by Louis C. Ager, M. D., on the open air school. The author feels this is valuable to certain children, but the danger of making it a fad by well-meaning people may interfere with its usefulness. That when the public is educated to recognize the value of fresh air in the school rooms it will only be necessary to open the windows.

The subject of sugar in infant feeding since the work of Finkelstein is receiving considerable attention. This issue contains an interesting article by Leopold in which he calls attention to an American product and cites a number of illustrated cases where he tried the effect of various sugars, studying the temperature, weight curve and character of the stools. Maltose can be acted upon by its ferment, not only in the intestinal canal, but also after it is absorbed. In Germany malt sugars are now being largely used, whereas among American authors the preference is for milk sugar. The preparation used by the author is called dextro-maltose. It contains 51% maltose, 47% dextrose and 2% sodium chloride, and is manufactured by Mead, Johnson & Co.

An interesting article appears by Grulee and Buhlig on the action of sodium benzoate. Experiments were made on nine infants varying in age from six weeks to two years. The conclusion of the author is as follows: Sodium benzoate to the amount of two and one-half to five grains in twenty-four hours, given to artificially fed infants, produce no recognizable symptoms, even though these children be suffering from gastro intestinal disturbances of a serious nature.

H. M. McClanahan (Omaha)

Digitized by Google

Brass Founders' Ague.

According to Hayhurst (in the Survey of Sept. 23) not one physician in a hundred is aware of this disease, which has unconsciously been to a large extent kept secret among the workers of the trade. As far back as 1832 an Englishman named Thakrah declared that brass founders or all who were exposed to the inhalation of brass fumes were liable to a malaria-like sickness, evinced as chills, fever and sweats. Yet the very fact that the disease did not kill the victim or even disable him has kept the knowledge of it from the public and from most physicians. It is characterized by a violent chill, with cramps in the legs and sometimes vomiting, followed by a short period of fever and then by profuse sweating. These chills generally occur at the end of a day's work and by the next day the victim is ready for work. In a typical case described by Hayhurst, each chill conferred a certain immunity, which lasted so long as the fumes were breathed daily; but after a few days' absence from the foundry the "brass chill" would almost always reappear at the end of the first day of resumed work. Gradually the men lose weight and vigor and either leave the trade or they become drunkards, on account of the current belief that alcohol is the best remedy, or they fall an easy prey to intercurrent diseases, especially pneumonia and phthisis. Hayhurst found that of 1,751 brass foundry men only 17 were over 50 years of age and only 260 over 40. The officials of the works explained that this was because the men got too old to turn out the work they should, but Hayhurst pertinently remarks: "What sort of an industry is this in which nearly six-sevenths of its followers are too old at the age of 40?" Iron moulders are generally hale and hearty at 60 or more. The statistics of England are equally bad; out of 1,200 brass casters in Birmingham only ten were found living beyond the age of 60. Since the disease practically does not occur in well-ventilated shops, the prophylactic remedy is obvious.

GIFFORD (Omaha)

The Open Treatment of Fractures—A Warning.

Under the leadership of Arbuthnot Lane of London it has become fashionable in many quarters to treat simple fractures by the open method. Perhaps every one who is now advocating the use of the Lane plate does not go to the extremes of the inventor and make use of it in every case, nevertheless its use is

Digitized by Google

far too common. It seems such a simple proceeding to cut down on a fracture, put the two fragments in cabinetmaker's apposition, bore the necessary holes in the bone, put the plate in position, screw it home and close the wound. It sounds easy. It often is easy, more often quite difficult and involves much disturbance of the soft parts, especially in a deep lying bone like the femur. In fact, the application of a Lane plate to a fractured femur may be most difficult, usually is.

What ought to be the principles which guide us in the treatment of fractures? There are two which are fundamental, viz., the restoration of function and the prevention of deformity. If the first is secured, the second usually follows, although it sometimes happens that there is some deformity even when the restoration of function is perfect. By deformity we ought to mean visible deformity, not the deformity which is revealed by the Roentgen ray, which indeed may seem considerable, although inspection of the injured part reveals none and the functional result may be perfect. The truth is that we are in danger of putting altogether too much dependence on the Roentgen ray. It has been an invaluable agent in diagnosis and treatment. By its means unsuspected fractures have been discovered, malpositions corrected and our general knowledge of the subject much increased. The Roentgen photograph, however, is but the record of a shadow and invariably exaggerates the deviation from exact apposition. It is evident that the nearer the tube is to the injured part and the further away the fractured bone from the sensitive plate, the wider will be the resulting shadow and the greater the error. In our enthusiasm, our praiseworthy eagerness to get exact apposition of the fragments, we have, some of us, been led into extremes. We ought to recollect that we cannot deal with the human frame as a cabinetmaker does with a broken piece of furniture. We must always reckon with infection and until we have a certain defense against even the possibility of infection we ought not to make use of Lane's method as a routine procedure. The general practitioner, particularly he who is remote from the great surgical centers, ought, before he is tempted to turn his operating table into a carpenter's bench, to ask himself two questions. Can I secure restoration of function by the closed method? Can I secure this without noticeable deformity? If the answer is in the affirmative it behooves him to keep away from the knife, the gimlet and the screwdriver, and this is equally the duty of the greatest surgeon in the land. What we are after is the result and if this can be secured by a method or methods which afford perfect

Digitized by Google

safety, we ought never to abandon them for a method which has grave dangers and which in the end accomplishes in the vast majority of cases no more for the patient than the older and simpler way which is devoid of all danger.

Perhaps the enthusiast points to the success which has attended the open treatment of a particular form of fracture, that affecting the patella, as an argument for the routine treatment of all fractures by similar means. In the first place, the closed method in this form of fracture almost never brings the fractured surfaces in apposition on account of the interposition of the torn capsule. Secondly, loss of limb and loss of life have both resulted from the open operation in this fracture because of a complicating infection. No argument of value can be made on this ground.

The question was thoroughly discussed at Denver in June at the meeting of the American Surgical Association. Several unfortunate results were reported following infection and one death from shock as a sequel of the open operation. If such accidents could happen to men who are masters in surgery, what may the rest of us expect if we are going to throw ordinary prudence to the winds and resolve to plate every fracture? Infection is much more likely to happen in these cases than in any other clean case, because of the traumatism to which the tissues are subjected. The use of gloves and the Lane bone holders will diminish the chances of infection, but never entirely prevent it. Let us also bear in mind that when we get infection after such an operation we are then called upon to deal with an infected compound fracture, quite a different affair from an ordinary and even extensive wound infection restricted to the soft parts. Until we can prevent wound infection by a prophylaxis as certain as the method of Jenner against smallpox, the use of the open method should be restricted to (1) ununited fractures which have resisted the usual methods. It is justifiable to assume an extra risk in such cases because the loss of function is absolute. (2) Cases of vicious union resulting in loss of function or great deformity. The two usually go together. (3) As a primary measure where the bones are already exposed in a wound. (4) In those oblique fractures in which the upper and lower fragments slide well past each other and cannot be kept in apposition by other means. Finally, let us remember that when we use the open method, its application requires the highest degree of technical skill and the best facilities of a modern operating room. Even under these circum-

Digitized by Google

stances disaster may follow.—New York State Journal of Medicine. F. A. Long (Madison)

A First Study of Inheritance of Epilepsy.

In the Journal of Nervous and Mental Disease, Volume 38, No. 11, November, 1911, by Charles B. Davenport and David F. Weeks, M. D., they ask:

First—What laws, if any, are followed in its occurrence in successive generations?

Second—How often does it arise de novo in a strain showing elsewhere no mental weakness?

Third—What relation does it bear to alcoholism, to paralysis, to migraine and to other symptoms of lack of neural strength?

In answer to these questions they made a study of the pedigrees of families containing epileptics in which the psychic history of 175 separate families is definitely known. Their analysis based on what is known as the Mendelian method, adds nothing new to our biologic knowledge. The clinical observations they record confirm established truths concerning heredity, that every physician should know and utilize in his practice. The article is too technical for abstracting, but their summary is:

First—The method of field study of epileptic families, combined with the modern biological methods of analysis of heredity data, constitute a vastly improved means of inquiry into inheritance of epilepsy.

Second—Epilepsy and feeble-mindedness show a great similarity of behavior in heredity supporting the hypothesis that each is due to the absence of a protoplasmic factor that determines complete nervous development.

Third—When both parents are either epileptic or feeble-minded all their offspring are so likewise.

Fourth—The conditions named migraine, chorea, paralysis and extreme nervousness behave as though due to a simplex condition of the protoplasmic factor that conditions complete nervous development; i. e., persons belonging to these classes usually carry some wholly defective germ cells. Such persons may be called "tainted."

Fifth—When such a tainted individual is mated to a defective about one-half of the offspring are defective.

Sixth—When a simplex normal is mated with a defective about half the offspring are normal; the other defective or neurotic.

Digitized by Google

Seventh—When both parents are simplex in nervous development and "tainted" about one-quarter (actually 30%) are defective.

Eighth—The proportion of tainted offspring is not noticeably higher when both parents show the same nervous defect.

Ninth—Normal parents that have epileptic offspring usually show gross nervous defect in their close relatives.

Tenth—While we recognize that "epilepsy" is a complex, yet there is a classical type numerically so preponderant that, in the mass, "epilepsy" acts like a unit defect.

Eleventh—Our data points to a poisoning in slight degree of germ cells by alcohol, but the evidence is hardly crucial.

Twelfth—There is evidence that in epileptic strains the proportion of epileptic children in the latest complete generation is double that of the preceding; but there is no evidence that in these epileptic strains the average number of children in a fraternity is greater than in the population at large. Provided marriage matings continue as at present and no additional restraint is imposed the proportion of epileptics in New Jersey would double every thirty years.

Thirteenth—The most effective mode of preventing the increase of epileptics that society would probably countenance is the segregation during the reproductive period of all epileptics.

JOSEPH M. AIKIN. (Omaha)

In Memoriam.

Dr. A. D. Wilkinson.

The death of Dr. A. D. Wilkinson in Lincoln on December 5 came as a distinct shock to his many friends all over Nebraska and the west. He was one of the best known and most highly esteemed physicians of Lincoln. He was secretary of the Nebraska State Medical Association from 1899 to the time of his death. He had also served as secretary and as president of Lancaster County Medical Society and as first vice president of the Medical Society of the Missouri Valley. He was also a prominent Mason and Shriner.

Dr. Wilkinson was born at West Lebanon, Pa., October 3, 1857. After an academic course at Elder's Ridge, Pa., he entered the Missouri Medical College, St. Louis, and graduated in 1882. He practiced medicine for a time in St. Louis, later in Illinois and in Iowa and located in Lincoln, Neb., in 1894, where he resided till the time of his death. His death was due to a complication of pneumonia and heart disease.

Digitized by Google

Dr. Wilkinson was more than a successful physician. He was a gentleman, genial and courteous under all circumstances, "kind to his friends, forbearing to his enemies and affable to all." He was a scholar of wide reading and comprehensive grasp. He had traveled extensively and acquired much valuable information at first hand. He was an interesting talker and an intelligent listener. He will be missed from the activities of the State Medical Association more than any other one man could be

By his will he leaves to the State Medical Association his extensive medical library, which will be appreciated, not only for its intrinsic value, but also as a memorial of a useful and honored member of that organization.

Dr. R. D. Mason.

Death has taken from our ranks another member of the old guard of the medical profession of Douglas county. Dr. R. D. Mason was born in Toledo, Iowa, in 1859, and died in Omaha October 18, 1911. He received his preliminary education in the Iowa State University and graduated from the medical department of that institution in the spring of 1887. He was a successful general practitioner for many years, part of the time being located in Delaware and part of the time in Missouri Valley, Iowa. Having ambitions to become a teacher and devote his time to a special line of work, he came to Omaha in 1897 and accepted the chair of rectal surgery in the Creighton Medical College, a position he occupied for a number of years with honor to himself and credit to the school. He was successful both as a teacher and in his private practice. His modest kindly and gentlemanly manners, his thorough teaching and the great interest he manifested in those who came under his instruction won for him the love, respect and esteem of the student body in the medical school. During the years that he lived in Omaha his quiet ways, his unassuming manners, his loyalty to his profession, his well known skill and ability in his specialty and the good work that he did earned for him the good will, respect and honor of his fellow practitioners. It is with the profoundest sorrow and regret that we, members of the Omaha Douglas County Medical Society, are called upon to chronicle his death. And we hereby extend to his widow and family our sincerest sympathy in their great bereavement.

D. C. BRYANT,
W. H. MICK,
R. W. BLISS,
} Committee.

Digitized by Google

NOTES AND NEWS.

Dr. Tobkin of Lindsay has removed to York, Neb.

Dr. Yoder of Aurora, Neb., has removed to Friend, Neb.

Dr. Blumer of Brownville, Neb., has removed to Cook, Neb.

Dr. C. B. Grantham of Stanberry, Mo., has recently located in Chadron, Neb.

Dr. Emma Robbins of Ord, Neb., has gone to China to become a missionary.

Dr. A. E. Hudson, from Missouri, is a new physician located at Holdrege, Neb.

Dr. Susan La Flesche-Picotte, Walthill, is reported to be seriously ill as the result of overwork.

Dr. S. E. Hawes of Fairbury, Neb., died suddenly at his home November 12 at the age of 51 years.

On November 2 Dr. W. F. Dugan of Grand Island was married to Miss Opal L. Dearing of Valpariso, Neb.

A severe epidemic of diphtheria is reported in Western, Nebraska, and the public schools have been closed.

Dr. T. W. Martin of Lander, Wyo., has removed to Thermopolis, where he will make his home in the future.

Dr. Lance Burnstein of Hartington and Miss Marie Haller of Blair, Neb., were married in Blair November 16.

Dr. George Hess of Battle Creek, Neb., has removed to Long Pine, where he has purchased the practice of Dr. Black.

Dr. J. P. Dugan of Grand Island walked forty miles in ten hours from Grand Island to Kearney, winning a wager of $50.

A fire early on the morning of November 3 came very near destroying the residence of Dr. George Hand of Alliance, Neb.

Dr. Herman Kiefer of Detroit, an honorary member of the Michigan State Medical Society, died October 11 at the age of 85.

The Senn Club of Chicago will erect in Lincoln park a bronze statute costing $25,000 in memory of the late Dr. Nicholas Senn.

Dr. Thomas Rosencrans of Odell, Neb., sustained a broken hip and severe bruises in a runaway the middle part of November.

An epidemic of smallpox is said to be raging in the country between Gresham and Utica, where nearly 100 cases are quarantined.

Word comes from Hot Springs, S. D., that Dr. Hargens is seriously ill with typhoid fever and it is feared that he will not recover.

The new hospital of the medical department of the University of Kansas, at Rosedale, was dedicated with appropriate ceremonies October 23.

A child one year of age with four well developed arms and an equal number of legs was exhibited in a clinic at Johns Hopkins Hospital recently.

Dr. Newell Jones of Central City, Neb., who was ill with blood poisoning in an Omaha hospital, has returned home and is able to be about again.

Digitized by Google

Mrs. P. F. Barer of Lincoln was recently chosen head nurse at the state tuberculosis hospital at Kearney, Neb., which is expected to be opened soon.

Dr. Copeland of Coleridge has sold his practice to Dr. Brancht of Wichita, Kas., and will remove to California for the benefit of his wife's health.

War on fake doctors who are swarming there from "physical culture" schools in other cities is to be opened by the Philadelphia County Medical Society.

Surgeon Eugene Wasdin, U. S. P. H. and M. H. service, died in a sanatorium near Philadelphia November 17 from nervous disease of long standing, aged 53.

The Drake Medical Alumni Association, by a special committee, is arranging for a special two-day clinic to be held at the university in Des Moines next spring.

Dr. Wyman, surgeon general of the Public Health and Marine Hospital service, died at Providence Hospital, Washington, November 21, after an illness of several months.

Dr. H. D. Boyden of Grand Island has retired from active practice and will probably remove to California. His practice will be taken by Dr. G. S. Fritschel of Johnson, Neb.

John Hughlings Jackson, M. D., F. R. C. P., consulting physician to the London Hospital and the National Hospital for the Paralyzed and Epileptic, died at his residence in London at the age of 76.

Dr. Otto Schmidt of Cologne, Germany, has claimed the prize of $20,000 offered for the discovery of a serum which would successfully cure cancer. He claims that his serum has cured forty cases.

Dr. Wilton McCarthy, a well known surgeon of Des Moines, suffered the loss of an eye recently as a result of a red hot cinder from the engine of a train on which he was riding getting into it.

After a trial lasting three days, a Newark, N. J., jury has awarded Harris Berman a verdict of $1,000 against a prominent surgeon because an operation was performed on the right side instead of the left side.

Dr. L. L. Lumsden of the Marine Hospital Corps has located the source of typhoid fever at the feeble-minded institute at Beatrice in the water pipes that supply the building, and new plumbing has been ordered.

Dr. J. W. Decker, who ran a diploma mill at Texarkana and later at Dallas, was convicted of fraudulent use of the mails and is now serving a fifteenth months' sentence in the penitentiary at Leavenworth, Kas.

Dr. A. E. Bartoo, a prominent physician of Arcadia, Neb., has gone to South America, where he has accepted a position as physician and surgeon for the Brazilian American company at Xiririca E De Sao Paulo, Brazil.

Prof. Georges Dieulafoy died in Paris on August 18. He was one of the leading clinicians of France, a pupil and worthy successor of Trousseau. He was born in Toulouse in 1839, but passed all his medical life in Paris.

Dr. D. W. Thompson has sold his practice in Lincoln to Dr. C. W. Thomas, formerly of Verdon, Neb., and the latter is now located in the Fraternity building. Dr. Thompson is at present engaged in hospital work at Beatrice.

Digitized by Google

The cable reports the death, at the age of 75, of Prof. Bernhard Frankel, leader in the campaign against tuberculosis, founder in 1887 of the university policlinic for the nose and throat at Berlin and editor of the Archiv fur Laryngologie since 1894.

At the last meeting of the board of directors of the Medical Club of Philadelphia it was enacted that the board of governors should not recommend any person known to be engaged in lodge practice and that he shall be considered ineligible to membership in this club.

Dr. Charles H. Root, formerly of Bassett, Neb., and who has just returned from taking a six months' post-graduate course at Johns Hopkins University at Baltimore and Harvard Medical School at Boston, has entered into a partnership with Dr. W. O. Colburn of Stuart, Neb.

Ground has been broken for an addition to Harper Hospital, Detroit, to cost about $400,000. The first building to be erected is to be six stories in height and of steel and cement construction. It is expected that the new addition will be ready for occupancy about January 1, 1913.

Dr. Jesse E. Levy of Buffalo had a night call October 1 from a couple of burglars. They showed presence of mind, on being detected, by claiming to be sick, but, as they were trying to enter by the window instead of the door, Dr. Levy declined to consider the call of a professional nature.

Dr. A. E. Guenther, professor of physiology in the University of Nebraska, has been granted a leave of absence for the present academic year. Professor Guenther has received a special fellowship in the department of physiology of Columbia University, where he is engaged in research work.

To guard against the spread of disease in the dispensary of the Johns Hopkins Hospital, sanitary drinking cups have been placed in that department. The cups are obtained from a machine by means of dropping a coin in the slot. Those who are poor are given a "slug," which will operate the machine and obtain a cup.

Gossip runs rife that Dr. Rupert Blue of North Carolina, who was well known in Virginia and Maryland during his student days at the universities of Virginia and Maryland, will be appointed by President Taft to fill the vacancy caused by the death of Surgeon General Walter Wyman. Br. Blue is best known for his studies in bubonic plague and yellow fever.

SOCIETY MATTERS.

REPUBLICAN VALLEY MEDICAL ASSOCIATION.

Republican Valley Medical Association met in regular session at Alma, Neb., on October 26, 1911, with Vice President Dr. R. S. Mitchell of Red Cloud presiding. The regular order of business was taken up. Election of officers for the ensuing year resulted in the following selections:

President, Dr. R. S. Mitchell, Red Cloud.
Vice-President, Dr. Henry Farrell, Axtell.
Secretary, Dr. J. N. Campbell, Stamford.
Treasurer, Dr. W. D. Shields, Holdrege.

Several clinics were presented to the association for their consideration by the local physicians.

PROGRAM.

Paper, "Inflammations of the Nasal Cavities and Accessory Sinuses," by Dr. W. D. Shields, Holdrege.

Paper, "The Operative Treatment of Exopthalmic Goitre, With Report of Cases," by Dr. Harry Everitt, Lincoln.

Paper, "Evils of Cervical and Perineal Lacerations," by Dr. W. L. Sucha, Orleans.

Digitized by Google

Paper, "Appendicitis in Children," with report of cases," by Dr. A. L. Kee, Cambridge.

Paper, "Puerperal Eclampsia," by Dr. Ella P. Sumner, Bloomington.

Paper, "Oral Hygiene," by G. M. Boehler, D. D. S., Alma.

The next meeting will be held at Holdrege, Neb., on the last Thursday in May, 1912. Dr. J. N. Campbell, Secretary,
Stamford, Neb.

ELKHORN VALLEY MEDICAL SOCIETY.

The annual meeting of this society will be held in Norfolk, Neb., on January 16, 1912. An interesting program on "Diseases of the Chest" is being prepared. H. L. WELLS, M. D.,
Secretary, West Point, Neb.

The secretary of the medical section of the Nebraska State Medical Association desires all physicians in Nebraska who intend to present papers before the medical section at the annual meeting in Lincoln next May to send the titles of their papers at as early a date as possible.

H. L. WELLS, M. D.,
Secretary Medical Section, West Point, Neb.

Dr. Joseph M. Aikin of Omaha has been appointed Secretary of the Nebraska State Medical Association, to succeed the late Dr. Wilkinson. All secretary correspondence should be sent to him at Omaha. DR. A. D. NESBIT, President.

A group of revoluntionary heroes were swapping tall stories, and from the lips of each there fell wondrous tales of what he had done in the shock of battle or the frenzy of the charge. Finally one old fellow with long, white whiskers remarked:

"I was personally acquainted with George Washington.

"I was lying behind the breastworks one day, pumping lead into the Britishers, when I heard the patter of a horse's hoofs behind me. Then came a voice:

" 'Hi, there, you with the deadly aim! Look here a moment!'

"I looked around and saluted, recognizing General Washington, and he said:

" 'What's your name?'

" 'Hogan,' I said.

" 'Your first name?'

" 'Pat, sir—Pat Hogan.'

" 'Well, Pat,' he said, 'go home. You're killing too many men.'

" 'I think I'd better get a few more, General,' I said, kind of apologetic.

" 'No,' he said, 'you've killed too many. It's slaughter. And, Pat, don't call me General; call me George.' "

A colored man was brought before a police judge, charged with stealing chickens. He pleaded guilty and received sentence, when the judge asked how it was that he managed to lift those chickens right under the window of the owner's house when there was a dog in the yard.

"Hit wouldn't be no use, judge," said the man, "to try to 'splain dis thing to you all. Ef you was to try it you would like as not get yer hide full of shot an' get no chickens, nuther. Ef you want to engage in any rascality, judge, yo' better stick to de bench, whar you am familiar."—Human Life.

Digitized by Google

BOOK REVIEWS

PERSONAL HYGIENE AND PHYSICAL TRAINING FOR WOMEN.

By Anna M. Galbraith, M. D., Fellow of the New York Academy of Medicine. 12 mo. of 375 pages with original illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $2.00 net.

The purpose of the authoress of this volume has been to present in a clear and concise manner the fundamental physiological laws on which all personal hygiene is based.

The spirit of the times demands nothing less than the most perfect development of the body and mind of which youth is capable, and maintaining the highest degree of efficiency of the adult worker for the longest possible term of years.

GONORRHEA IN THE MALE.

A Practical Guide to Its Treatment. By A. L. Wolbarst, M. D., Consulting Genito-Urinary Surgeon, Central Islip State Hospital; Visiting Genito-Urinary Surgeon, People's Hospital, West Side German Hospital and Beth Israel Hospital Dispensary; Professor of Genito-Urinary Disease, New York School of Clinical Medicine, etc. New York: International Journal of Surgery Co., 1911.

One might be disposed to think at first blush that the subject of the treatment of gonorrhea has been worn so threadbare that a book of this character would seem to be superfluous. But those who are in a position to know will bear witness with practical unanimity that, in spite of the wide discussion of the matter and the commonness of the disease, the general practitioner is still very much at sea as to the modern scientific treatment of gonorrhea. Hence we are compelled to conclude that there is a real need of such a manual as this of Dr. Wolbarst's. It is certainly worthy of perusal and adoption. We especially commend its practicality and its conservatism. We heartily agree with the author that much damage is done by the prevalent methods of treating gonorrhea, particularly in respect of our remedies being too strong and used with a vigor far too heroic for the delicate and inflamed tissues to bear with impunity; and his work is a plea for greater gentleness and conservatism in the drugs and instrumentation employed.

PROGRESSIVE MEDICINE.

A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia; Physician to the Jefferson Medical College Hospital; assisted by Leighton F. Appleman, M. D., Instructor in Therapeutics, Jefferson Medical College. Vol. III. September, 1911. Lea & Febiger, Philadelphia and New York. 1911.

Progressive Medicine for September, 1911, consist of chapters on "Diseases of Thorax and Its Viscera," by Dr. William Ewart; on "Dermatology and Syphilis," by Dr. William S. Gottheil; "Obstetrics,' by Dr. Edward P. Davis; on "Diseases of the Nervous System," by Dr. William G. Spiller.

In the first chapter the reviews of the literature on tuberculosis and arterial blood pressure are especially complete.

In the second, skin, cancer, eczema are commendable. Sporo-trichosis is considered and should be of interest owing to the number of cases recently reported and from the fact that a few have been seen in this locality.

Digitized by Google

A review of the literature on Arsenobenzol (606) is especially thorough, covering fourteen pages and giving the important conclusions arrived at from its use so far.

In the third chapter abstracts of the literature on complications of pregnancy are very complete, as is the review of the literature on obstetric surgery, which takes up twenty-five pages.

Poliomyelitis again comes in for a fairly complete review under the diseases of the nervous system and several pages are devoted to Tabes, the Wasserman reaction in diseases of the nervous system, and the use of Salvarsan in syphilis of the nervous system.

Progressive Medicine is, as is well known, a quarterly review of the literature on the advances, discoveries and improvements in the medical and surgical sciences and as such needs no recommendation.

FRANKLIN M. CONLIN, Omaha.

SUGGESTIVE THERAPEUTICS.

Applied Hypnotism, Psychic Science; a Manual of Practical Psycho-Therapy, designed especially for the General Practitioner of Medicine and Surgery. By Henry S. Munroe, M. D. Third edition, revised and enlarged. St. Louis, Mo.: C. V. Mosby Co., 1911. Price, $4.00.

This work upon suggestive therapeutics, written in popular style, will undoubtedly do much to disseminate a broad general conception of the principle of suggestion as used in the practice of Psychotherapy. Such a result is greatly to be desired and the author is to be congratulated upon the production of the work. The detail of his methods of applying hypnotic suggestion is excellent and should serve as a helpful model. The illustrations of the service of suggestion in various forms of physical and neurotic ailments are well chosen and strikingly related.

Chapter III, upon the scientific basis of psychotherapy, apparently sounds the chief motif which runs through the whole work. This is the principle of automatism or complex formation, which declares that any number of associated experiences, either bodily or mental, which recur frequently or which takes place under the influence of strong emotions, tend to become linked together into a functional unit of the individual's nervous system, with a degree of stability and tendency to recur corresponding to the frequency of its repetition and the sertngth of its accompanying emotion or affect. This principle of automatism is intimately bound up with that of determinism but the author lays more stress upon forming by means of suggestion new complexes of a healthy nature for influencing future conduct, than upon the breaking up of the old unhealthy ones, assuming that by forming new ones the old are automatically displaced.

This seems to be the weak point of the book. There is a positive value in positive suggestion for present and future conduct and much good will result from giving to the patient a sound philosophy of living, all of which can be done by any physician who comes into emotional rapport with his patient, but whether the effect of this suggestion and teaching will stand against the influences of the past experiences forming the unconscious complexes at the root of the psychoneurotic condition, unless these experiences are uncovered and specifically combatted by analysis and re-education, is seriously open to question. There is a rapidly growing opinion that analysis is necessary, that the past must be uncovered and neutralized before we can hope to do much permanent good for the future of the individual. The principles enumerated by the author in this chapter are sound and barring the omission of the analytic component of the work, give a very good idea of the main principles of psychotherapeutics.

The chapters on suggestion in every day practice, obstetrics and in anaesthesia are eminently practical and should be of much use to the gen-

Digitized by Google

eral practitioner for whom the book is written. The author has rendered a valuable service to the profession in giving it such readable and instructive information. The phrasing of the whole book expresses a strongly optimistic and expansive attitude toward psychotherapy which serves well to sustain the reader's interest.

The chapter upon Psychoanalysis, however, is plainly similar to many of the criticisms in current journals from men who have had no experience with Freud's methods.

A working knowledge of modern psychoanalysis according to the Freudian school cannot be obtained in less than a year's actual practice and an attempt to judge the method, without this experience, backed up with a careful study of Die Traumdeutung and other writings by Freud, Jung and others, cannot be considered seriously. Psychoanalysis, it is true, is yet in its infancy and its future position has yet to be determined, but from the light it has thrown upon obscure problems in psychiatry, and from the endorsement it has received at the hands of such men as Adolf Meyer, August Hoch, Putnam and White, probably the foremost psychiarists in this country, it seems fairly certain that it is assured of a definite place.

G. A. YOUNG, Omaha.

HIERONYMUS FRACASTOR'S SYPHILIS.

From the original Latin. A translation in prose of Fracastor's immortal poem. Printed on hand-made imported paper. Library binding. Crown octavo. The Philmar Company, Medical Publishers, Fidelity Building, St. Louis, Mo. Price, $2.00.

This is a most intensely interesting little classic, which all scholars will desire to read.

SPECIAL WESTERN NUMBER.

In furthering the plan of producing special issues of the American Journal of Surgery, composed of contributions by surgeons residing within a certain geographical area, yet of international reputation, there will be issued in the early part of 1912 a special western number of this magazine. Subjects and those to contribute:

"The Operation of Gastroenterostomy," by William J. Mayo, Rochester, Minn.

"The Surgery of Tendons," by John B. Murphy, Chicago, Ill.

"Operative Treatment for Graves' Disease," by George W. Crile, Cleveland, Ohio.

"Colonic Intoxication," by J. E. Binney, Kansas City, Mo.

"Practical Points in the Surgical Treatment of Exopthalmic Goitre," by A. J. Ochsner, Chicago, Ill.

"Treatment of Foreign Bodies in the Esophagus," by E. Fletcher Ingals, Chicago, Ill.

Brain Surgery Technique," by J. Rilus Eastman, Indianapolis, Ind.

"Treatment of Abscesses and of the Necrotic Foci Resulting from the Use of Salvarsan," by A. Ravolgi, Cincinnati, Ohio.

"Treatment of Prostatic Obstructions," by E. O. Smith, Cincinnati, Ohio. Subject not announced, H. Tuholske, St. Louis, Mo.

"Artificial Tendons and Ligaments in the Surgical Treatment of Paralysis," by Nathaniel Allison, St. Louis, Mo.

"Uterine Cancer," by John C. Murphy, St. Louis, Mo.

"Arthritis Deformans," by Leonard W. Ely, Denver, Colo.

"Acute Angulation and Flexure of the Sigmoid as a Causative Factor in Epilepsy, With Special Reference to Treatment," by W. H. Axtell, Bellingham, Wash.

Digitized by Google

The character of contributions prepared by these well known surgeons are of such a nature as to make this number particularly interesting.

CURRENTS OF HIGH POTENTIAL OF HIGH AND OTHER FREQUENCIES

Second edition, by William Benham Snow, M. D., Author of "A Manual Electro-Static Modes of Application, Therapeutics, Radiography and Radiotherapy," "Therapeutics of Radient Light and Heat and Convective Heat," Editor of the Journal of Advanced Therapeutics, late instructor in Electro-Therapeutics in the New York Post-Graduate School and Hospital, etc.

This work has been entirely revised, rewritten and enlarged. Forty cuts have been added and the chapters on high frequency currents and therapeutics have been revised and entirely rwrittn. The work contains the results of the author's personal researches and investigations and includs most that is valuable on the subject of high potential currents. The developments in the subject of hypertension and its treatment by the d'Arsonval current, as well as the employment of direct d'Arsonvalization in the treatment of infection, have been thoroughly considered in this edition.

Published by the Scientific Authors' Publishing Co., 329 West Fifty-seventh street, New York. Price $3.00 net.

Lea and Febiger have already issued their capital visiting list for 1912, the text portion of which has been thoroughly revised and brought up to date. It contains, among other valuable information, a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for tying arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

Printed on fine, tough paper, suitable for either pen or pencil, and bound with the utmost strength in handsome grained leather. The Practitioners' Visiting List is sold at $1.25, postpaid, or, with thumb index, $1.50.

MEDICAL SLANG.

In an article by one of America's most prominent surgeons and medical authors, very recently published in a state journal, says the editor of the American Journal of Surgery, we find the passages: "After removal of an acute appendix" and "the unmasking of a chronic appendix in ambush." Of course the author means by "an acute appendix" "an acutely or chronically inflamed appendix" or "an acute appendicitis." But why carry the inelegant slang of the operating room into the manuscript of a presumably dignified address, into the printed page of permanent medical literature!

An acute appendix is of a piece with "the patient had no temperature" and with the numerous other instances of slang that are found in the manuscripts of those who ought to know better. They constitute one of the several unnecessary burdens cast upon the careful editor by writers who would feel aggrieved if they were accused of carelessness.

A DELICATE OPERATION.

"The second operation was for the removal of a prostrate gland on Mr. Weatherby's eye. The first one was for a catarct of the eye."—Nebraska News Item.

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00. The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

Dr. A. G. HAMILTON, Thermopolis, President DR. W. H. ROBERTS, Cheyenne, Secretary
DR. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. E., Rock Springs.

Vol. XVII. CHEYENNE, WYO., JANUARY, 1912. No. 1

EDITORIAL.

Sudden Disaster and Constant Disease.

The nation has been shocked by another appalling disaster, this time in Pennsylvania. A dam built across a narrow gap between two hills to hold back a vast volume of water suddenly gave way. The flood poured down the valley, carrying death and destruction with it. Reports indicate that from forty to fifty lives were lost in a few minutes. A wave of sympathy swept over the country. Red Cross physicians and nurses hastened to the scene. Food, clothing, hospital supplies and money poured into the death-swept valley. Special trains loaded with supplies and men started for the town almost as soon as the news of the disaster was received. The state of Pennsylvania and the entire nation, if necessary, stood ready to relieve suffering and to save life, without regard to the cost in labor or money. All this is right; nor should it be otherwise. Yet how strange that our sympathies should be aroused to immediate and purposeful action by the loss of fifty lives in a sudden and unusual way, yet leave us callous and indifferent to the fate of thousands who die from preventable but familiar causes. A Johnstown flood, an Iroquois fire, a San Francisco earthquake, will convulse the world with horror, yet the death from preventable diseases of over 600,000 people in the United States each year excites little interest. The newspapers announced the

Digitized by Google

Austin disaster with front page "stories" and enormous headlines, yet the United States census report for 1908 (the last one available) shows that in that year in Pennsylvania alone, 2,450 people died of typhoid, 1,920 of diphtheria, 8,703 of tuberculosis and that 9,026 infants under 2 years of age died of infantile diarrhoea, a total mortality of 22,099 from only four preventable diseases in only one state. So accustomed are we to these enormous losses through familiar diseases that we accept them as a matter of course and as the inevitable lot of mankind. Yet each of these diseases is as preventable as was the Austin flood.

Innocent Gallstones.

W. J. Mayo, Rochester, Minn. (Journal A. M. A., April 8), says that the old idea of gall-stones without symptoms must now be acknowledged to be incorrect. We have become better informed by operative experience with the disease. He questions the high percentage of gall-stone in the general population as estimated by some good authorities and thinks that it is more probable that not over 0.5 per cent would be a fair estimate of the frequency of gall-stones in individuals of all ages, although evidence at hand shows that from 5 to 8 per cent of women and from 2 to 4 per cent of men have gall-stones after the age of 50. The symptoms may not be recognized as regards their source though appreciable to the individual and to the observer. He has been impressed with this fact on finding undiagnosed gall-stones in operating on women for pelvic trouble. After the recovery of the patient he has nearly always been able to elicit a satisfactory history. The hypothesis of Lartigau as to the bacterial causation of gall-stones is probably correct, though it is difficult to demonstrate it experimentally. Their place of formation is in the gall-bladder, and Mayo describes and discusses the anatomy and functions of this viscus. It cannot be considered merely a storage-house for bile, he says, and it is most reasonable to suppose that its function is to relieve temporarily the pressure on the common and hepatic ducts and also, if necessary, the ducts of the pancreas. Another function is the production of mucus which, mixed with the bile, protects in a measure the pancreas from injury if the mixture is forced into the pancreatic duct. That the gall-bladder is important as a means of protection, especially to the pancreas, is evident, and this is an argument against its unnecessary removal. The greater frequency of gall-stone disease in women than in men

Digitized by Google

must depend on some sexual difference; 90 per cent of the cases in women are in those who have borne children, and 90 per cent of these identify the beginning of the symptoms with some particular pregnancy. Every patient with chronic gastric distress should be questioned intelligently to obtain any former history of gall-stone colic, since this may have escaped the patient's attention. Gall-stone disease sometimes causes serious circulatory disturbances, such as endocarditis, which, though rare, is of a specific type and in its origin is coincident with the gall-stone attack. Subsequent attacks aggravate the heart action. While stones are the most common cause of cholecystitis, this is not always the case, but the patient still requires operative relief. It is usually in these cases accompanied by habitual tenderness in the region of the gall-bladder and colic is not so prominent. Complications were found in more than two-thirds of the patients operated on at Rochester. Stones were found in the common duct in 531 cases with an operative mortality of 6.5 per cent, while serious complications involving the liver, duodenum, transverse colon, etc., were the rule. Carcinoma was found in eighty-five cases (2.25 per cent). In a number of the cases slightly advanced cases of carcinoma were accidentally encountered before they had advanced sufficiently for diagnosis, in removing thick-walled functionless gall-bladders, and five of these patients are still alive and well from two to six years after operation. Gall-stones are foreign bodies and Mayo asks why delay operation until complications ensue. In their experience at Rochester simple operation for uncomplicated gall-stones has had a mortality of less than 0.5 per cent., and this was due more to the condition of the patient than to the operation. While temporary palliation may be obtained with non-operative measures, the patient can only be thoroughly cured through surgery.

Picric Acid and Burns.

A. Ehrenfried, Boston (Journal A. M. A., February 11), after a brief historical review of the uses of picric acid in surgery and a statement of its chemical and antiseptic qualities, so far as stated in the literature, reports experiments as regards the latter. Fresh virulent culture of staphylococcus aureus and bacillus pyocyaneus were used, the former being selected as a resistant, and the latter as a milder pus-producing agent. The rod method was employed, the bacilli having been dried in air, and the cultures were passed through guinea-pigs to increase their virulence. The results are shown in tabulated form and

Digitized by Google

indicate that a saturated aqeous solution of picric acid (1.2 per cent) kills the bacteria from a fresh virulent culture of B. pyocyaneus which have been exposed to the air for one hour, in half a minute, and bacteria from a fresh virulent culture of S. pyogenes aureus in about two minutes, as compared with 1 per cent solutions of phenol under the same conditions, which takes twenty minutes and ninety or a hundred minutes respectively, to do the same. Picric acid solution therefore is fifty times as strong as the phenol solution. Within five years he has employed the picric acid in practice on about three hundred patients, practically using throughout a saturated aqueous solution of the C. P. crystallized picric acid. Stronger solutions in alcohol and water sometimes recommended are momentarily very painful on large raw surfaces and it is of course more liable to cause symptoms of absorption. The surgical use in the form of ointment is illogical and also dangerous. By his method and strength of solution he has never seen sufficient absorption to show in coloration of skin or urine. He describes the method of preparing sterile saturated solutions which should be applied on gauze. In case of a superficial burn of hand or foot, the part may be completely immersed in the solution for some minutes before applying the gauze dressing. In fresh burns of the first and second degree, or superficial lacerated wounds, no preparation is necessary if the parts are tolerably clean, but if the skin is dirty it should be gently washed clean; blebs should be opened antiseptically at their dependant points, and the contents expressed. One dressing usually suffices in these cases unless the lesion is extensive. In burns of mixed degree the same principles are to be followed, but more care should be exercised to render the lesion aseptic. Extensive third degree burns should not be treated by picric acid. He recommends this saturated aqueous solution as superior to any other method in first and second degree burns, as being cheap and simple in application and inducing rapid regeneration of the skin without pain or irritation. Deeper lesions may be made to heal by the formation of a smooth, level, non-secreting, granulating surface over which dermatization will proceed rapidly, or which will serve as an ideal base for the reception of Reverlin or Thiersch grafts. The mild toxic symptoms which have been occasionally reported as occurring will never be seen if reasonable care is exercised.

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Nebr. Per Annum, $2.00 The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. JONAS, M. D., President — H. L. AKIN, M. D., Sec.-Treas. — H. GIFFORD, M. D.
F. E. COULTER, M. D., Vice-Pres't — H. L. BURRELL, M. D.

A. L. MUIRHEAD, M. D., Editor.

O. O. MORISON, M. D., Associate Editor

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H. L.	Crowley, C. F.	Hamilton, H. P.	Pollard, C. W.
Allison, C. C.	Christie, B. W.	Jonas, A. F.	Rich, C. O.
Akin, H. L.	Davis, B. B.	Lake, F. W.	Rix, R.
Bryant, D. C.	Dunn, A. D.	Lemere, H. B.	Stokes, A. C.
Bridges, W. O.	Foote, J. S.	Milroy, W. F.	Somers, A. B.
Burrell, H. L.	Gifford, H.	Moore, R. C.	Schalek, Alfred.
Crummer, LeRoy.	Henry, W. O.	Moriarty, Pierre C.	Sumney, H. C.
Coulter, F. E.	Henry, E. C.	McClanahan, H. M.	Towne, S. R.
Condon, A. P.	Hollister, R. R.	Owen, F. S.	
Conlin, F. M.	Long, F. A., Madison.		Sward, E. J. C., Lincoln.
Anderson, A. B., Pawnee City	Von Mansfelde, A. S., Ashland		Hopkins, S. R., Hastings
Arts, C. V. Hastings.	McConaughy, R., York.		Pickett, I. N., Odell.
Coats, A. J., Fairbury.	McDonald, R. C., Fremont.		Quigley, D. T., North Platte.
Dayton, W. L., Lincoln.	McKinnon, A. I., Lincoln.		Rork, L. W., Oxford.
Everett, M. H., Lincoln.	Mitchell, A. R., Lincoln.		Talbot, W. E., Broken Bow.
Hilton, D. C., Lincoln.	Orr, H. Winnett, Lincoln.		Wilson, W. H., Lincoln.
Hildreth, M. L., Lyons.	Poynter, C. W. M., Lincoln.		

Vol. XVII. OMAHA, NEB., FEB., 1912. No. 2

EDITORIAL.

Salvarsan and Optic Neuritis.

The deplorable effects upon the optic nerve of atoxyl and other arsenical compounds introduced about the same time led Ehrlich on first recommending salvarsan to the profession to warn against its use in cases which were complicated with eye symptoms. But so many cases of eye symptoms, including optic neuritis, were soon observed to be benefited by its use that the feeling rapidly gained ground that salvarsan had no especial affinity for the optic nerve, and that no bad effects on the eyesight were to be feared from its use. Then cases of optic neuritis, either immediately or some time after salvarsan injections, began to be reported, and this with the fact that in other cases damage to the acoustic and chorda-tympani nerves was

Digitized by Google

apparently due to salvarsan, led some men, notably Finger of Vienna, to the conclusion that the drug was decidedly neurotropic and hence dangerous. Regarding the cases of optic neuritis, it should be said that a number of them have healed promptly on a repetition of the salvarsan treatment, thus indicating that the neuritis was in the nature of a Herxheimer reaction (from the sudden decomposition of dead spirochaetes) rather than a direct poisoning of the nerve. After observing a case in his own practice in which oculo-motor paralysis and optic neuritis appeared some months after two salvarsan injections, Goerlitz (Klin. Monatsblatter fur Augenheilk., Nov., 1911), reviews the literature of the subject and concludes that while there can be little doubt that inflammation of the optic nerves in syphilis occurs earlier and more frequently under salvarsan treatment than it did before the latter came into use, it responds readily either to continued salvarsan or the mercury and iodide, and hence is not specially dangerous. On the other hand, since salvarsan, on the whole, is little if at all more efficient in the ocular symptoms of syphilis than the older forms of treatment, and since it is conceivable that an existing optic neuritis might be made enough worse by the salarvan so make a serious difference in the sight, it would be safer not to use it in optic neuritis except possibly when the sight is rapidly getting worse in spite of the ordinary treatment. As to the real nature of these cases of salvarsan neuritis, i. e., whether any of them are really due to a direct toxic influence on the nerve, it can only be told after long observation of many cases treated with salvarsan alone, as compared with similar cases treated with mercury and iodide. Gifford (Omaha).

Malpractice—Medico-Legal Defense. The National Fidelity and Casualty Company of Omaha.

Elsewhere in the advertising pages of this issue of the Western Medical Review will be found a notice from the above mentioned Company, of their offered co-operation with the Medico-Legal Defense Committee of the Nebraska State Medical Association.

Digitized by Google

Every physician, who has interested himself in this subject, has read the annual report of the Committee to the Association for the year 1910-1911 and he knows the splendid results accomplished. And we doubt not that regard for his own welfare prompts him to avail himself of this great service by the payment of the small sum ($1.00 per year) for the expenses of the committee.

Most, if not all of the Indemnity Companies, which for the payment of about fifteen (15) dollars agree to defend physicians against one to three malpractice suits a year, cease their responsibility when judgment is rendered, letting the defendant doctor pay the piper, if he loses his suit. Their interest seldom extends beyond the furnishing of an attorney, who, very often is illy equipped for medico-legal work.

Not so, with the National Fidelity and Casualty Company of Omaha. This absolutely reliable concern agrees not only to defend the suit, but will pay any judgment up to five thousand ($5,000) if the case goes against the Doctor. They further agree to defend any number of such suits during the life of the policy (one year) and pay the judgment in ever instance up to a total Fifteen Thousand Dollars.

They hereby furnish a vital interest for themselves to use every honorable means to carry such suits to their successful issue; or what is still more important to both Doctor and Company, they will make every effort, compatible with dignity and dencency to have the case dismissed by the plaintiff before it comes to trial, or settled outside of the court room with satisfaction to themselves and their client, the Doctor.

This company early acquired the knowledge of the importance of the help of medical men in these cases; they had read the report of the Medico-Legal Defense Committee to the Nebraska State Medical Association. A conference quickly brought these equally important forces for the defense of malpractice suits together and both readily agreed to join their powers for good. Namely: the Committee gladly agreed to give all the help they are capable of in all cases insured by this company, who are also

Digitized by Google

members of the Medico-Legal Defense Fund. The expenses of the members will not be increased one cent by this membership in the National Fidelity and Casualty Company and the Medico-Legal Defense Fund of the Nebraska State Medical Association.

A. S. VON MANSFELDE, (Ashland.)

Senator Owen Amends His Bill.

Objections to Senator Owen's bill for a national department of health (Senate Bill No. 1) have come largely from followers of various sects and cults who feared that their business of treating the sick might be interfered with. Many of the more sincere opponents of this much-needed law are evidently too ignorant to understand that congress can exercise only those powers which have been delegated to it by the states, that the regulation of the practice of medicine stands on the same basis as the regulation of other occupations and trades, which is not a function of congress, and that any federal law attempting to regulate the practice of medicine in the states would be void. Repeated explanations have been made that congress has no authority to regulate the practice of medicine or any other profession or calling in any state and that the object of the Owen bill was the prevention and not the treatment of disease. Apparently, these explanations have not been convincing—perhaps some people have never heard of them. To reassure those who are honestly opposing the Owen bill on account of such a misconception Senator Owen last week introduced the following amendment to his bill:

"That the department of health established by this act shall have no power to regulate the practice of medicine or the practice of healing, or to interfere with the right of a citizen to employ the practitioner of his choice, within any state of the Union, and all appointments within the department shall be made without discrimination against any school of medicine or of healing."

It is to be hoped that this amendment will be retained as a part of the bill, although it is entirely unnecessary from a legal standpoint, since it declares that it is not the purpose of congress to do what it has no right to do. This fact is undoubted-

Digitized by Google

ly recognized by Senator Owen, so that the amendment must be intended to remove any possibility of honest objection to the bill. This amendment will doubtless quiet the fears of honest but misguided opponents of the measure, since, after the incorporation of this statement, the only persons who can oppose the measure will be those who have a selfish and mercenary objection to its passage.—J. A. M. A.

Still After Dr. Wiley.

We are still flooded with magazine articles, newspaper clippings and typewritten notices concerning the alleged incompetency of Dr. Wiley and his alleged dishonesty in connection with his rulings and testimony concerning the pure food and drugs question. One would have to be very blind in order not to recognize the animus which inspires these attacks, for without a single exception the articles emanate from those whose dishonesty has been proved, and who have been forced to be reasonably good as a result of prosecution under the pure food and drugs act. Those who howl the loudest are the patent medicine manufacturers, and it will be strange indeed if they do not, as a result of their enormous expenditures in advertising and promotion work, succeed in creating the popular impression that Dr. Wiley and all that he represents is all wrong. The patent medicine business is a menace to public health, but the enormous profits obtained by the promoters of this nefarious business are not going to be surrendered without a struggle, and the fight against Dr. Wiley is only one of the many ways in which an effort is to be made to keep the business going.—Ex.

According to the Prescriber, the following prescription has a marvelous effect in cutting short a "cold in the head":

Sodium salicylate 3i
Compound tincture of cinchona 3ii
Aromatic spirit of ammonia 3ii
Camphorated tincture of opium 3ii
Tincture of ginger 3ii
Chloroform water ..... ad—oz. vi

M. et Sig.: One tablespoonful in water three or four times daily between meals.—*Ex.*

Digitized by Google

ORIGINAL ARTICLES.

Modern View of Meningitis.

*By H. M. McCLANAHAN, M. D., Omaha.

The modern conception of meningitis since the introduction of lumbar puncture has greatly changed. Diagnosis based upon clinical symptoms is very erroneous. During the last year a number of original articles have appeared that have been very helpful to me, and this paper is based entirely upon those articles.

In the American Journal, Diseases of Children, January, 1911, L. E. Holt has an article based upon the study of 300 cases of acute meningitis. In 197 of these, lumbar puncture was performed one or more times. Etiologically the 197 cases are divided as follows:

Tubercular	138
Pneumococcus	22
Meningococcus (sporadic)	24
Staphylococcus or streptococcus	10
Bacillus influenzae	4
Colon bacillus	1
	199
Counted twice, mixed infection	2
	197

The author states that these children came from all classes of society and that they are not more subject to tuberculosis than other children. The striking thing about this paper is the large number of cases of tubercular, meningitis, and he comments as follows:

"There are two common misconceptions regarding tubercular meningitis; the first is that it is a disease of long duration, often lasting two or three months or longer. I have never seen tubercular meningitis last over five eeks, and only once have I seen it last five weeks, this in a child of nine years. Of the cases reported in this paper, in infants chiefly, the average duration has been about two and a half weeks after the first definite symptoms of illness appeared. A second error is that tubercular meningitis usually affects delicate infants, those suffering from malnutrition, often of the marasmus type. The infer-

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

ence is drawn, that, because a child with symptoms pointing to meningitis was previously in good health, the process could not be tuberculous. It is my experience both in hospital and private practice that the vast majority of these patients have been, previous to their attack, apparently in as good health as any children whom I see. Not that very healthy infants are more prone to tuberculous meningitis than others, but that a tuberculous infection of a young child is apt to involve the brain early, before there is time for the symptoms which result from a general tuberculosis to be manifest."

In the same journal for February is an article by Charles H. Dunn, of Boston, on cerebrospinal meningitis. The basis of his paper is a series of 142 cases studied in connection with his work as distributing agent for the Flexner serum. They were all cases in which a diagnosis of cerebrospinal meningitis had been made. Lumbar puncture revealed the following:

Tubercular meningitis	60
Cerebro spinal meningitis	60
Pneumococcus meningitis	12
Streptococcus meningitis	6
Influenza meningitis	4

He says there are certain general differences in the symptom complex of the various forms which appear in the table, but there are no positive diagnostic symptoms or signs characteristic of any particular form of cerebrospinal meningitis. There are, however, certain differences in the frequency of certain symptoms and characteristics of the various forms of meningitis which are of interest to the clinician.

First—Tubercular meningitis; slow onset, often vomiting, moderate temperature, in early stage gradually developing cloudiness of mind, headache, rigidity of the neck, Kernig sign often slight, irregular breathing and often a slow pulse.

Second—Epidemic meningitis; sudden onset, vomiting, convulsions, high temperature, rigid neck, Kernig sign, rapid pulse.

Third—Pneumococcus cases; sudden onset, high temperature, rigid neck and Kernig sign present, head very similar to the second class.

He states that he was called to administer the serum in 88 cases, which proved to be other diseases and not any form of meningitis. These diseases were lobar pneumonia, intestinal intoxication and otitis media. In many of these cases a true diagnosis could not have been made without a lumbar puncture.

In the American Journal, Diseases of Children, for March,

Digitized by Google

is an article by William Palmer Lucas, based upon the examination of over 500 samples of spinal fluid. The conclusion is that the cell findings are very unreliable in differentiating the type of meningitis. That there are many conditions that give the same cytologic findings in the fluid. That the presence of mononuclear cells or lymphocytes cannot be the basis for the diagnosis of tubercular meningitis. That the finding of tubercle bacilli is the only positive proof.

In the same journal for April is a very exhaustive paper by Dr. Davis of Chicago on influenzal meningitis, based upon a study of five cases. In these cases the fluid from the canal was turbid and the polyneuclar cells predominated. These cases all occurred in children under thirteen months and were all fatal.

Another interesting case of influenzal meningitis is reported by J. R. Clemens of St. Louis.

In an article by A. Hymanson in the Archives of May, 1911, on meningitis complicating pneumonia, he brings out the fact that the pneumococcus frequently invades the blood; that the meningitis of pneumonia is nearly always fatal; that it is often of the suppurative type. In this disease we have the fact that the meingeal symptoms may occur in an attack of pneumonia without meningitis being present. This condition is called meningism. In conclusion he says, in view of the fact mentioned above, it is surprising that more cases of meningitis complicating pneumonia have not been recorded.

Possibly some of the patients who succumbed were not carefully examined for meningeal complications. It would throw more light on the subject of meningeal pneumonia if a more thorough examination were made of the spinal reflexes and eyes, as well as the lungs.

In an article by Sophian in the Archives of March, 1911, a study of 60 cases of meningitis is given. He mentions the difficulty and resulting errors in private practice, in establishing a true etiological diagnosis as to the type of meningitis and in differentiating between meningitis and meningism.

From a study of these cases tubercular meningitis is the form most frequently met with and more often confused with other forms. Also, once a clinical diagnosis is made, whatever the form, a lumbar puncture should always be performed. In tubercular meningitis the bacilli can, in a large percentage of cases, be found in the cerebrospinal fluid at some time during the course of the disease. This latter does not agree with Dunn in attempting to classify the type of meningitis merely by the number of cells.

Digitized by Google

The author states that in tubercular meningitis the bacillus can nearly always be found; that the preponderance of the mononeuclear cells is evidence, but not proof of the tubercular type. Cytological examination is important in the suppurative forms of meningitis, including cerebrospinal, pneumococcus, la grippe, and streptococcic.

In tubercular and poliomyelitis meningitis the mononuclear type of cell obtains. In meningism the fluid is normal and is free from pressure.

In an article by Morse in the Archives for March on lumbar puncture and the leukocyte count of the fluid in the diagnosis of acute poliomyeloencephalitis he states that examination of the fluid of lumbar puncture is of very great value in distinguishing poliomyelitis from cerebrospinal meningitis. The fluid in poliomyelitis contains no organism, but an excess of mononuclear cells.

In an article by Charles H. Dunn in the Archives for September, 1910, on the cyto-diagnosis of tubercular meningitis, he says that the clinical picture in this disease is inconclusive in hastening the correctness of the diagnosis. From a typical case presenting the irritating symptoms followed by the pressure symptoms, to the case of sudden onset and high temperature, there are all variations. In this article the author lays stress upon the number of lymphocytes in the spinal fluid. Using for this purpose the ordinary white blood corpuscle counter, he says this procedure has proved of great value in many doubtful cases.

In an article by Morse in the Archives for August, 1910, on the Study of the Value of Brudzinski's Neck Sign and of the Contrilateral Reflex in the Diagnosis of Meningitis in Infancy and Childhood, he says it seems safe to conclude therefore from a study of these 400 cases that Brudzinski and his followers are correct in their statements that neither the neck sign nor the contrilateral reflex are present in well children, or in those with diseases other than of the nervous system outside of meningitis, hence their presence is a strong evidence of meningitis.

In an article by Langley Porter in the Archives for January, 1910, on meningism, is a consideration of the Syndrome of Dupre. This is applied to conditions simulating meningitis, but without pathological lesion. Under this head are included cases simulating meningitis, but going on to rapid but complete recovery when the patient is relieved of the toxemia which almost invariably is the cause of the condition.

Digitized by Google

Meningism in children is most frequently associated with typhoid, influenza, pneumonia, and intestinal toxemia. In meningism the chief aid to be had from lumbar puncture arises from the fact that the fluid is clear, that it flows without pressure, that no organisms are found upon examination. In this condition symptoms referable to the central nervous system rapidly decline upon the subsidence of the fever.

From this series of articles the following conclusions may be safely drawn. In the reports of Sophian and Dunn we find a large percentage of error in diagnosis. When we recall that these cases occurred in New York and Boston we must conclude that the clinical diagnosis of meningitis is uncertain even with physicians of large experience.

Second, that the classification of meningitis to be accurate must be based upon the etiology rather than the symptomatology. ology.

Third, lumbar puncture is the most valuable aid in diagnosis and must come into general use if we are to avail ourselves of the modern treatment. Even without a bacteriological examination this procedure is of immense practical value. For example, in a case of sudden onset where lumbar puncture reveals a purulent fluid we can be reasonably certain that we have either cerebrospinal, pneumococcic, influenzal or streptococcic infection, and this knowledge, combined with history, will usually give us sufficient information to give the patient the benefit of the serum treatment.

Fourth, bacteriologiçal examination of the fluid is the only certain means of making a correct etiological diagnosis.

Fifth, pneumococcus meningitis is more frequent than we have formerly believed.

Sixth, it is not safe to base a diagnosis of tubercular meningitis upon the classical description as given in the books. In this type the disease often occurs in a very acute form in children of apparently good health. This type is more frequent in children under 3 years.

Seventh, in meningism there is usually an absence of focal symptoms and in cases due to intestinal infection the meningeal symptoms rapidly subside after the intestinal tract is thoroughly cleared out or the infection causing the meningism manifests itself.

In conclusion, when studying a child presenting meningeal symptoms I have found it of value to consider the subject under the following heads:

First—Epidemic or sporadic cerebrospinal meningitis.

Digitized by Google

Second—Tubercular meningitis.
Third—Poliomyelitis superior.
Fourth—Pseudo simulated meningitis or meningism.
Fifth—Secondary meningitis.

This gives a broad view of the subject and while it may not lead to a certain conclusion, it is likely to prevent serious error, because having these conditions in mind we can take into account the history, the environment, the age of a patient and trace out the syndrome of symptoms with greater probability of arriving at a correct conclusion.

As the last word I want to repeat that lumbar puncture must be employed in suspicious cases, and until this becomes the rule the diagnosis of the variety of meningitis will remain uncertain and frequently unknown.

418 Brandeis Bldg.

Rupture of the Liver.

*By D. T. Quigley, M. D, North Platte, Neb.

The seriousness with which rupture of the abdominal viscera was considered in the past and the hopelessness of the policy of inaction then in vogue is well illustrated in a book published as late as 1898, McDonald's Surgical Diagnoses and Treatment. He says, after describing the symptoms of rupture of the liver, "The treatment must be expectant." In the American Text Book of Surgery, published in 1892, we find this: "An injury sufficient to cause rupture of the liver usually causes equally serious effects in other organs, so that surgical interference is ordinarily of no avail." They cite one case that was reported by H. E. Walton and recovered, saying that the patient made a rapid recovery, going out of the hospital in five weeks.

In Progressive Medicine for June, 1901, we find in an article by William B. Coley that Delatour operated successfully on two cases of rupture of the liver. The same article states that "Rupture of the liver is usually followed by death, some writers placing the mortality as high as 85 per cent."

Under the head of abdominal contusions in De Sajou's Cyclopedia we find this: "The liver, owing to its friable nature and its size and anatomical position, is the solid organ most frequently injured, because indirect concussion may cause a profound lesion. De Sejous recounts two cases operated on successfully and one case diagnosed as rupture of the liver, post mortem, which was not operated on.

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

The number of successful operations for rupture of the liver recorded in the literature of the past is small. The number of unsuccessful operations is much greater. This is because in the past much valuable time was usually lost in waiting to see whether the patient would not recover without operation, with the result that the patient was usually in a desperate condition when operation was attempted. The indications for the undertaker are mistaken for indications for the surgeon, with the result that the very procedure which should have saved the patient before he became exsanguinated hastens his end. Statistics show that danger in these cases increases according to the time lost. Cases operated on early usually live, cases operated on late usually die. It is a proposition that cannot be stated in hours. The only rule is: Operate as soon as possible after a diagnosis is made. The safety of the patient depends upon an early diagnosis and prompt action after the diagnosis is made.

The case which I wish to report is as follows: The patient, a muscular man of thirty years, was engaged in the work of handling timbers in the double tracking of a railroad bridge. He was on a flat car and just reaching down to pick up a tie when a steel girder weighing about twelve tons fell and struck the other end of the tie, which projected over the edge of the floor of the car. The end of the tie struck him in the right side of the abdomen about the level of the umbilicus and threw him, according to the men with him, about thirty feet in the air. He turned over three times before alighting. He was immediately brought to St. Luke's Hospital, where I examined him and found him suffering intense pain in the epigastric region, breathing slow and labored, groaning with pain with every breath, pulse 55, irregular, blood pressure 110 when first brought in, forty-five minutes later 90. Belly was rigid as a board, with epigastric tenderness, and epidermis was peeled off from the level of the umbilicus to the nipple. The right flank was dull on percussion. The patient was conscious, but could talk only with great effort. Diagnosis of rupture of the liver with probable rupture of intestines was made and operation done with the assistance of my colleague, Dr. George B. Dent, about an hour and a half after the patient arrived at the hospital, about three hours after the injury. On opening the belly through the middle of the right rectus nuscle the dark blood gushed out in a considerable stream. I hurriedly examined the anterior surface of the liver, expecting to find the lesion here, but finding nothing wrong, went to the kidneys, spleen, stomach and duode-

Digitized by Google

num, then the intestines, passing the gut through my hands and examining every inch of gut and mesentery. I did not find any bleeding point, but all the time the blood poured in a steady stream from the lower angle of the wound and kept the cavity of the pelvis full.

Inspection of the pelvis showed no bleeding points, so I returned to the liver, and placing my hand behind the liver found on the posterior surface of the right lobe two tears about two inches apart. The larger one was about two and a half with gauze the bleeding at once ceased. The belly was closed up, leaving the two pieces of gauze projecting through the upper angle of the wound. One piece was removed in eight days and the other in ten days. The gauze on removal was somewhat stained with bile. The patient made an uneventful recovery and left the hospital on the twenty-first day after the operation and has been doing manual labor ever since.

The anatomical structure of the liver makes hemorrhage from this organ especially dangerous. The veins are devoid of contractile tissue, the organ contains very little connective tissue or elastic fibers. The tendency is for a wound to remain open with blood vessels gaping. Coley mentions a case where operation was done twelve hours after an injury causing bleeding from a small tear in the liver and hemorrhage had not ceased.

Another danger to the patient in these cases is the leakage of bile, which will practically always set up peritonitis, and even though the patient's life be saved by subsequent drainage operations, he is likely to be crippled by adhesions.

The indications for operation in my case were first and most important, persistent rigidity of the abdominal wall. To this I may add, besides the history of the case, falling blood pressure and dullness in the right flank. Dr. L. W. Littig of Iowa City, in a paper on abdominal contusions, read before the Western Surgical and Gynecological Association, emphasizes very strongly the importance of the rigid abdomen in diagnosis of severe abdominal injuries. He quotes Trendelenburg and Hildebrand to the effect that a persistently rigid abdominal wall following severe injury is practically always an indication for operation. In closing Littig says: "It may be stated that given an abdominal contusion followed by board-like rigidity which does not quickly disappear, a laparotomy should be immediately performed."

Digitized by Google

DISCUSSIONS.

Dr. A. C. Stokes, Omaha:

Rupture of the liver is not so liable to be followed by hemorrhage because the blood pressure is lower here than at any other part of the body. Unless a large artery or a large vein is torn across the bleeding practically controls itself.

In an ordinary rupture the presence of a pack firmly placed will control the hemorrhage.

I was much interested in the doctor's report.

Dr. J. E. Summers, Jr., Omaha:

If I understood the doctor correctly, he said ruptures of the liver are more common than those of any other intra-abdominal organ. Of course, the kidney is not an intra-abdominal organ, but rupture of the kidney is more common than rupture of the liver. Several years ago I read a paper in which I reported between twenty and thirty cases.

Following an accident with internal injury, I know of no better rule to follow than this: When you have rigidity of the abdomen do not wait, but go in and get to work. I know of nothing harder to control than hemorrhage from the liver if it is torn. I believe these cases can be diagnosed and people will recover.

Now as to the method of control. Dr. Van Buren Knott has invented a needle and method of suture which for control of hemorrhage from the liver is the best one I know of. Not only is it good for the control of hemorrhage, but for the closing up of spaces after removal of growths.

Dr. J. P. Lord, Omaha:

I wish to add just one word. It was not brought out in the discussion and might be of practical help. In suturing the liver I use the blunt end of the needle, making a mattress suture. This practically controls the hemorrhage without any trouble.

Dr. D. T. Quigley, closing:

There is just one point I wish to mention and that is in regard to the blood pressure as mentioned by Dr. Stokes. The blood pressure in the liver is low, but also there is a greater tendency for the wounds to gape open than in any other organ in the body. The statement that we see most of these cases post mortem is correct.

Prostatic Abscess.

*By A. C. Stokes, M. D., Omaha

One of the most commonly overlooked conditions is infection of the prostate gland. It may be divided for the sake of discussion into:

(a) Acute prostatitis.
(b) Chronic prostatitis.

Acute prostatitis occurs accompanying acute urethral infections, as gonorrhea, and following system infection as, typhoid fever, septicemia, pyemia and local infection of the genito-urinary tract, like cystitis and pyo-nephrosis and pyelitis. It may resolve in one of three ways, viz:

(1) Only infect the most superficial portions of the pros-

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

tatic ducts leading into the urethra and cease with this, or,

(2) It may extend into the deep ramifications of the prostatic follicles and become so deeply buried in the gland itself that the process may slowly extend for a number of years and produce a chronic prostatitis, in which acute exacerbations may occasionally recur and may form indurated areas in the prostatic gland which are palpable through the rectum. Prostatitis occurs most frequently in early part of life, viz., from 20 to 40 years, becoming very much less frequent after forty than before, even in the presence of gonorrhea. (3) It may end by abscess formation.

Senile hypertrophy bears no relation to prostatitis so far as we are at present informed, although Casper in his study of the pathology of prostatitis and Chiechanowsky in his stody of the pathology of prostatitis and Chiechanowsky in his study of conclusions. Yet, we are inclined to the belief that Chienchanowsky's cases were mostly prostatitis rather than true hypertrophy.

Abscess of the Prostate.

Not alone gonococci, but also pyogenic organisms are found in prostatic abscesses. Any condition which produces an extension of infection from the anterior to the posterior urethra can be a factor in the production of a prostatitis, especially horseback riding, bicycle riding and improper handling of the sexual functions, and an abscess may follow. The more carefully treated cases less frequently have a prostatitis following a gonorrhea than those who are careless in their treatment and in personal care.

The opportunity of studying the pathology of the prostate during acute prostatitis is rather rarely presented, however, in a few cases the matter has been studied. In such cases the cut surface of the prostate is hyperæmic, fragile and the follicle or follicles filled with a muco-purulent mass. When it is in the interstitial tissue between the glands a strong infiltrate may press the sides of the glands together so that the secretion is pressed out and the inter-follicular tissue is widened and hyperæmic. Commonly, prostatitis begins with a catarrhal form of the surface of the gland, whereby the duct of the follicle is widened and the epithelium of the glands is infiltrated with leucocytes. When the ducts which carry the secretion of the prostate become filled with debris or closed by the swelling of their sides the secretion is retained and a cyst is formed, and by rectal palpation the prostate may be felt to contain nodules

Digitized by Google

or hardened indurated areas, sometimes only in a limited part of the prostate and others the nudules may be felt in very different parts of the same.

In some of these closed follicles when infection is there abscess may form. These abscesses may break through from one follicle to another, until a number of follicles are joined by the extension and large portions of the prostatic tissue destroyed by the abscess formation. Occasionally almost the entire prostate may be destroyed in this manner.

If only one follicle is infected and the follicular sides do not break, the pus may be absorbed or, if the abscessed follicle is near the surface of the urethral it may break into the urethra. If the infection is in the region of the ejaculatory duct the duct and seminal vessicle and *vas deferens* may become infected. In some cases the abscess may form in the interstitial tissue between the follicles, in such cases the prostate is not much enlarged, and often the abscess may burrow around in the interstitial tissue and destroy the entire prostate. Or the thin capsule of the prostate may perforate and the pus envelope the prostate in a wall of pus which surrounds it, but is between the prostate and the fibrous capsule.

Occasionally the pus may pass along the veins through the prostate and localize in the connective tissue between the rectum and prostate, forming a large phlegmon periprostatica. Cases are reported where the pus has burrowed from this point to the peritoneum causing peritonitis and death. Many of the cases of the so-called rectal and sigmoidal diverticulitis on postmortem have been found to be prostatic abscess. In other cases the pus burrows downward into the perineum and may involvea large area inside the deep pelvic fascia and in front of the bladder and rectum. In some cases the pus may burrow into the ischio rectal space and form an ischio-rectal abscess and a certain per cent of ischio-rectal abscesses have their origin in the prostate. Some of these break into the rectum and some outside of the rectum. The large majority of cases, however, break directly into the urethra itself, it being the line of least resistance, or in other cases the pus may burrow directly through into the rectum and discharge here without forming a periprostatic infiltration.

Stray cases are reported that have perforated the obturator foramen and extended along the nerves and blood vessels or through the ischiaticum foramen. Or they may extend up into the space of Retzius in front of the bladder or into the inguinal region.

Digitized by Google

Symptoms.

In gonorrheal abscess one of the first evidences of prostatic infection is frequency of urination and at times almost constant desire to urinate. When the abscess begins the period of its formation it is accompanied by pain and remission of the discharge. There is bearing down sensation in the perineum and the general symptoms of toxæmia, *i. e.*, headache, malaise and a temperature to 102°F., a slightly increased pulse, often vomiting and constipation. Pain on defecation is often present and on rectal palpation the prostate is found to be very large, hard and extremely tender. Sometimes it is enlarged in one lobe and at other times in another part. Occasionally it reaches a very large size.

Treatment Is Surgical.

If, after two or three days of localization, the abscess does not perforate into the urethra or rectum it is best to resort to surgical means. From a surgical standpoint opening the abscess by the perineum is really the only proper method and gives the best results from the standpoint of a cure. When the pus breaks through the prostatic capsule and extends down into the perineum and also in many cases of periprostatic abscess the operation is done with a simple opening into the perineum through the triangular ligament where the pus lies. It is not necessary to go into the prostate nor into the urethra. When the pus is in the prostate one must extend the incision into the prostate itself. This requires considerable room and we always use the Young inverted "V" incision for this purpose and the dissection is continued down to the prostate gland. The capsule is opened and the pus cavity opened by blunt dissection. This should be done without the opening of the urethra and without, if possible, entering the bladder. It can often be done by expert dissectors leaving the urethra intact. In some cases, however, where the abscess is seated far back in the prostate and the prostate is bulging into the bladder it may be necessary to open the urethra and by passing the finger back into the urethra one may be able to open the abscess and drainage will follow into the urethra from the bladder or prostate. Drainage must be well maintained by tubes into the bladder whenever the bladder is opened and when it is not opened the wound must be well tamponed and the pus allowed to drain by gravitation. Care must be taken that all the areas of the abscess be opened, especially when it is a periprostatic abscess within the capsule, then the entire capsule must be

Digitized by Google

loosened and parts of the capsule removed. If pus is in the pre-prostatic region behind the deep fascia an incision goes directly into the pus cavity with great ease and drainage takes place thoroughly if only a Schnitt is made in the perineum and a slight amount of iodoform gauze inserted. My object in calling your attention to this condition is that you may always have this condition present in all ischio-rectal, inguinal and pre-vesical abscesses. We have had one case of an inguinal abscess extra-peritoneal from infected prostate. In the last five years we have had about twenty cases of prostatic abscess, seven of which were hospital cases and of which we have absolute records, and from which this paper has been compiled. Recovery has taken place in every case, but pain and incontinence with intermittent periods of tenesmns are perineum unesoriness and a dull heavy bearing-down feeling in that region often continue for many months.

Recent Experimental Work In Carcinoma.

*By David C. Hilton, A. M., M. D., Lincoln, Neb.

Cancer research is being pursued principally along three avenues of approach. First, the statistical method is that which comprehends the gathering of case records in all available details and the comparative study of such data. The study of vital statistics is only one item of record in this scheme of investigation. Second, the morphological method, which embraces the study of cancers and their cellular components as relates to their form and displacement under different conditions of growth and environment. Third, the physiological method, which in cancer study at present is largely an investigation of bio-chemical problems.

The last two methods are in the main known as laboratory methods, as contrasted to the first, which in contradistinction to them is referred to as the clinical method. The cancer problem is so complex that it must be attacked by all available methods—labortory and clinical. For instance, it is improbable that experiments on lower animals will solve the etiology of cancer. The very great contrasts between one case and another of carcinoma and sarcoma at autopsy indicate a multiplicity of essential etiologic factors. Malignant tumors of the bladder common to anilin dye workers, skin cancers of the abdomen unusually common to natives of Kashmir, ray cancers, etc., etc., do not seem to admit of investigation by a study of the lower

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

animals. On the other hand an insight into the factors concerned in the natural process of healing, which is an established tendency in the life history of malignant tumors, can be gained only by focusing the most accurate and thoroughgoing laboratory methods upon the task.

One of the most striking observations that is being emphasized by present researches into cancer growth is that cancers tend to heal. It is only in a gross, inaccurate sense that cancer is to be thought of as a tumor that grows without let or hindrance. Although its growth and invasion cannot be stopped by any means known to man when not subject to extirpation, and although its usual issue is death, this same growth and invasion is known to be resisted by natural processes and in some cases the primary growth, at least, has been arrested and made to heal.

Nothing can be more rational in endeavoring to discover the cause and cure of an incurable disease than to ascertain how nature combats the malady in order that, perchance, knowing how, we may supplement her efforts to the end of affecting a cure. One of the most hopeful phases of cancer research lies in the recent beginnings of such positive knowledge.

The failure of a neoplasm to recur is not a test of its nonmalignancy except in a clinical sense. Erlich observed that malignant mouse tumors engrafted into rats grow at first and then degenerate if not returned to an animal of the same race and strain as the one from which the graft was taken. Gaylord and Clowes report 101 out of a total of 711 successfully inoculated mice to have recovered spontaneously from carcinoma. They estimate that about 23 per cent of mice recover from successful Jensen tumor inoculations. In considering a transmissible cancer of the rat from the standpoint of immunity, Gay observed evidence of active defense in the animal after tumor implantation. This took place only during the prematastatic stage of the disease. During this stage reimplantation seemed still further to increase resistance even to the extent that the original tumor was destroyed. It has been observed for a long time that in man superficial cancerous nodules often undergo a decrease in size. Czerny has reported several cases wherein the entire malignant tumor growth was not removed at operation, and in which no recurrence took place or else a period of latency covering several years supervened.

Some construe this retrogression of cancer to be due to an active local proliferation of the normal cellular elements of the invaded organism, resulting in the establishment of a fibrous

Digitized by Google

network that tends to choke out the essential cancer cells and to replace the tumor by scar tissue. The slower and relatively less malignant clinical aspects of schirrus cancers may be accounted for similarly. Others see in this retrogression a primary perversion of metabolism of the cancer cells themselves by which through a fault of assimilation or of elimination the chemical necessities of their life are not provided for. Either view, however, merely suggests a restatement of the actual problem and points to a substance or a series of substances, elaborated by the invaded organism or by the cellular elements of the neoplasm that exert a chemotactic influence favorable to healing.

Research along the line of physiological chemistry has brought out many suggestive outlines of proceedure that promise much in the solution of the cancer problem.

From the standpoint of the invaded organism it is well known that in the living the elaboration of certain elements suffices to antidote the action of some injurious foreign substances. Not all foreign materials act as antigens and no protection is gained from their presence. Infectious diseases establish an immunity partial or complete for a variable time against reinoculation by the specific organism. In man cancer disease does not establish immunity against itself to a practicable degree. But animals that have spontaneously recovered from malignant tumor are frequently immune to further inoculation. The inference is that some substance has been formed that has rendered cancer impossible.

What is this substance?

The toxic bodies that cause disturbance in the living organism are mostly of the general nature of proteids. They can be destroyed by ferments or enzymes; many of these latter are found in the body. Cells of the different tissues possess more or less lytic compounds. Some observers believe that they have demonstrated a cytolytic factor in the blood serum of patients suffering from malignant disease, which has a relatively specific action on the cells of the invading tumor. It is variously attributed to a definite cytolytic toxic factor or to an autolytic process in the neoplastic cells incident to the disappearance of an antiautolytic enzyme. Others have gone further and believe they have demonstrated that the serum of patients in whom malignant tumors and their metastases have retrogressed, contains a specific autolytic factor that may be a cure for malignant disease of a corresponding kind. Some attempts have been made to use the serum on inoperable cancer cases. It is

Digitized by Google

of sufficient importance that any practitioner who may have a case of apparently spontaneously healed or retrogressive carcinoma should use all diligence to have his findings verified by the best available authorities and to put serum from the case at the disposal of those competent to test its therapeutic virtues. Efforts are being made to transfer the acquired immunity of lower animals to man by the use of sera.

From the standpoint of the invading malignant growth it has been shown to possess several lytic enzymes. Buxton, in thirty tumors, of which seventeen were carcinomata, found amylase, lipase, oxydase usually and proteolytic ferments occasionally. The cell that secretes the lytic substance may be acted on by it—autolysis. Petry has demonstrated the autolytic ferments in carcinoma to be particularly active, but not specific in action. In the retrogression of tumors, the setting free of autolytic ferments may be the exciting cause and the means of self-destruction. In cases of mouse tumor transplants that grew for a time in rats and then retrogressed, Ehrlich has set forth that a foreign body was carried in the transplant, which enabled the tumor to grow by (a) acting as a food material which became depleted before enough more was formed, or by (b) acting as a neutralizer of resistance elements in the host. Borrel has called attention to the two processes in cancer growth: (1) the progressive transformation at the surface of normal cells into cancer cells, and (2) the multiplication of cancer cells by fission. He has observed "cancroids" develop exactly on the line of contact of the cancer graft and the epidermis in rats and mice. It seems to show that under certain conditions the cancer virus may pass from the neoplasm into the tissues of the host. He looks upon it as almost amounting to a demonstration of the inoculability of cancer.

References:

Tyzzer, E. E., Boston. Journal American Medical Association. Oct. 29, 1910.

Levin, Isaac, New York. Annals of Surgery. June, 1910.

de Bovis, R., Semaine Medicale, Paris. June 22, 1910.

McConkey, T. G., Medical Record, New York. Aug. 20, 1910.

H. Naegeli-Akerblom and Vernier, Therapeutische Monatshefte, Berlin. October.

Phelps, Charles, New York Annals of Surgery. May, 1910.

Borrel, A., French Cancer Research Association. July and August, 1908.

Coley, William B., Surgery, Gynecology and Obstetrics. June, 1910.

Lewin, C., Deutsche Medizinische Wochenschrift, Berlin. April 22, 1909.

Dieffenbach, Medical Record. March 27, 1909.

Digitized by Google

Borrel, A., Gastinel and Gorescu C., Annals del'Institut Pasteur, Paris. February.

de Bovis, R., Semaine Medicale, Paris. March 31, 1909.

Summers, J. E., Omaha, Western Surgical and Gynecological Association (abst.), Journal American Medical Association, Jan. 30, 1909.

Gay, F. P., Journal of Medical Research, Boston. Feb., 1909.

McConnell, Guthrie, International Clinics, Vol. II., Twentieth Series, 1910.

Chronic Interstitial Nephritis.

*By WILLIS E. STEWART, B, S., M D.. Stratton. Neb.

Modern medical literature offers little upon the subject of chronic interstitial nephritis that is really new. To one who has taken the pains to look up recent publications it seems practically nothing of definite value has been added to the already exhaustive literature upon the subject. And what I have to present, except certain emphasis I wish to make, is also a rehash of what has many times been written and to the profession already generally known. My apology, then, for presenting this paper is to bring the subject before this society for general discussion.

The subject of chronic nephritis is too comprehensive to be considered in one paper and we must, therefore, necessarily omit much that is of interest. I want to call attention particularly to some etiologic factors in its production, emphasize the making of an early diagnosis and recommend a thoroughly rigid hygienic and dietetic treatment.

The causes of nephritis, according to medical literature, are numerous, and one may conclude after a text-book reading that anything or everything may produce the disease. It would seem, however, that the cause is really any prolonged irritative influence upon the kidney structure.

It is the opinion of Tyson that the habitual ingestion of a diet, heavy in proteids, greatly overworks and irritates the kidney and produces the slow degenerative condition found in interstitial nephritis.

Osler holds much the same opinion. He says: "It is quite possible that in persons who habitually eat and drink too much the work thrown upon this organ is excessive and the elaboration of certain materials so defective that in their excretion from the general circulation they irritate the kidney."

Roberts is quoted in the Year Book as believing that the original cause of nephritis is the absorption of toxic material

*Read before the Republican Valley Medical Society.

Digitized by Google

from the intestinal canal and the consequent irritation of the kidneys by these substances during their excretion.

Dr. Abbott expresses a similar view, and, in a recent article in the Clinic, goes a little farther, charging the condition of autotoxemia, particularly in business men, a class of individuals in whom chronic interstitial nephritis is so frequently found, to mental strain. He says: "As a necessary part of the strenuous cerebral activity there is continuous congestion and disturbed or exaggerated function of the nerve centers, the blood is drained from the visceral areas, the digestive secretions become sluggish, the work of the stomach and bowels is poorly performed, the food substances ferment or putrefy and there is thrown into the circulation a constant stream of poison, which, added to the toxins directly generated by fatigue and overstrain, sooner or later, produce degeneration * * * a deposit of connective tissue in the arteries, a giving way of the terminal vessels in the kidneys or brain."

An observation of much importance in relation to the use of the salicylates in rheumatism and other conditions is reported by Luthje in the International Clinics. Large doses of the salicylates are known to be irritating to the kidneys, but Luthje, in a series of cases, has made the striking observation that in all instances the use of even comparatively small amounts of the drug caused the appearance of albumin or casts or both in the urine. The abnormal appearances were observed from the time when the salicylates were given until they were suspended and for two or three weeks thereafter.

Alcohol has long been given a prominent place in the list of causes of chronic nephritis. It is, however, believed by many that conditions associated with alcoholism share largely with the use of spirituous drinks in the etiology of renal disease. In many instances it occurs that the individual addicted to the use of alcohol belongs either to a well-to-do class and eats heavily of proteids, or else to the unfortunate poor whose drinking leads to undue exposure to cold. While it may be true that alcohol, taken in small quantities, is nearly all consumed in its passage through the portal circulation, the heart and lungs, it is also certain that when habitually used, even in moderate amounts, irritation of the renal secreting cells will result.

I want to emphasize the role exposure plays as an etiologic factor in chronic nephritis. The incessant winds of our plains, hot and dry in summer, cold and chilly in winter, lessen appreciably excretion through the skin and thereby increase the work of elimination through the kidneys. The increased activ-

Digitized by Google

ity, long continued, produces first an irritation and finally a degeneration of the kidney substance.

Long-continued irritation of the kidney from any cause results in destruction of the renal epithelium and consequently disturbed urinary function. This loss of kidney substance is replaced by granulation tissue which ultimately forms a cicatrix. The process of destruction and repair, commencing in small patches, finally affects a considerable portion of the whole kidney. Remnants of tubules become buried within the increased fibrous tissue as adenomatous loops or as cystic papillary bodies. Small hyaline globules may be the only evidences of previous glomeruli. Unaffected portions of the kidney show enlargement, a compensatory effort to perform the function of the entire organ, until they, too, become involved in a similar fate. As a result of the whole process the kidney becomes diminished in size, hard and irregularly granular.

As the disease progresses, the hypertrophied portions of the kidneys failing to compensate for the loss of substance and function, nature constant in her defense, calls into service the aid of the circulatory system in a renewed effort to conserve the tissues. It is well known that the renal function is best stimulated by increasing the heart's action. Digitalis is a therapeutic example. The same toxic materials which irritate the renal cells, stimulating first hyper-function and later degeneration, also irritate the arterial capillaries, in the general circulation, resulting in their contraction in an effort to resist the admission of poisoned blood. Simultaneously, these irritants act upon the heart muscle and it hypertrophies; first, as the result of arterial resistance, and, secondly, as the direct result of an irritant. If the accumulation of toxic materials is in excess of physiologic toleration, the heart muscle is soon exhausted in its effort to eliminate a foreign invasion, hypertrophy is followed by dilatation and there is general edema. Nature, however, finds protection even in the edema, for in the collection of serum some of the toxic agents are removed from the circulation. Thus it is seen that the whole circulatory system is brought into play in an effort to eliminate dangerous poisonous materials. The high arterial tension and hypertrophy of the heart, stimulating the urinary flow, a well recognized symptom of the disease, are nature's method of compensating the failure of the kidneys to perform their function under abnormal conditions.

The final effect of these changes in the circulatory system is to produce a brittleness in the arteriole walls, predisposing

Digitized by Google

them to rupture on very slight increase of intravascular pressure. Hence, the frequent fatal termination of cases of interstitial nephritis by apoplexy.

The beginning of chronic interstitial nephritis is insidious. The early symptoms, while suggestive to the diagnostician, rarely lead the patient to suspicion the onset of a serious malady. If he consults his physician he does so apologizingly or simply seeks a remedy for a mere symptom of the disease. He may complain of lassitude, headache, insomnia, shortness of breath on exertion or the inconvenience of having to get up at night to void his urine. The urine, very early in the disease, will be found to present conditions which point to a diagnosis. When freshly passed it is acid in reaction, light in color, copious and of low specific gravity. Traces of albumin are found, but early in the disease may not be constant. The sediment is scanty and in it are found a few hyaline or granular casts.

Increased arterial tension is a constant symptom in chronic interstitial nephritis. The pulse is hard and not easily compressed. If the disease has existed long, the vessels will be found exceedingly fibrous and beyond the point of compression may be readily felt beneath the examining finger. A normal vessel examined in this manner can not be differentiated from its surrounding tissue. Hypertrophy of the heart occurs, as already shown, the direct result of toxic material in the blood stream, and also follows an effort to overcome the resistance offered in the contracted arteries. The apex is displaced downward and to the left and the impulse is notably increased. Finally, the hypertrophy fails, the heart dilates, there is lessened secretion of urine and edema developes. As a result of the cardiac lesion there may be present dyspnea, palpitation of the heart and dizziness. The increased arterial pressure may cause a sudden, fatal termination of the disease in apoplexy. Dickerson is quoted as saying that of the fatal cases of apoplexy one-half are preceded by interstitial nephritis. Hemorrhages in other locations may follow the same diseased condition of the blood vessels, as in the retina and from the nose. I had a patient in my own practice a few years ago who suffered from excessive hemorrhage of the stomach from this cause, vomiting no less than two quarts of blood at one time. Any hemorrhage in the middle aged should give rise to suspicion of the existence of chronic nephritis. In consequence of hemorrhage into the retina sudden blindness, as well as dimness of vision, due to retinitis albuminuriae is a symptom which may present itself.

In every case of renal insufficiency there is more or less a

Digitized by Google

condition of uremia. Tyson says nearly all the patients he has seen die in the extreme stage of atrophied kidneys, sank under the symptoms of uremia. It may be said that often the first suspicion of the existence of chronic nephritis is in the development of symptoms of uremia.

The onset is so gradual, the early symptoms give rise to so little inconvenience, that by the time the patient presents himself for examination the diagnosis of interstitial nephritis is usually easy. In a patient with increased arterial tension, the apex of the heart dislocated to the left, the second aortic sound ringing and accentuated, the urine increased or at least not decreased in quantity, low specific gravity, traces of albumin, delicate hyaline or granular casts, the diagnosis of chronic interstitial nephritis is certain.

Osler says: "Of all the indications, that offered by the pulse is the most important." If there is any doubt regarding the character of the pulse the blood pressure may be very easily and accurately ascertained by means of the sphygmomanometer. Janeway places much dependence in the use of this instrument. He says: "Given a systolic pressure of over 200 millimeters the diagnosis of contracted kidney must be disproved by repeated examinations before it is abandoned." Tyson, on the other hand, gives greater diagnostic value to the condition of the urine. If, however, the disease really exists, careful examination will reveal the presence of both circulatory and urinary symptoms.

The prognosis of chronic interstitial nephritis is always unfavorable. While it is an incurable affection, its progress is slow and the presence of the disease is not incompatible with a fairly active life and the pursuit of happiness. Much, however, depends upon an early diagnosis. If the disease is not recognized before the development of uremic symptoms, dilatation of the heart, the onset of serous effusion and the appearance of gastric disturbances, little may naturally be expected from the treatment. If the physician hopes to accomplish much for these patients he must be on the outlook for early symptoms of renal degeneration. Patients of a susceptible age, between 40 and 60 years, whose environments have subjected them to the irritative influences which are causative factors in the production of the disease, must be looked upon with a degree of suspicion when consulting the physician for any complaint, however trifling it may appear, and a thoroughly rigid examination made if there is the slightest excuse for it. Patients in whom early symptoms are traceable to habits which overwork and

Digitized by Google

irritate the kidneys the treatment is obvious. If there are errors in diet, outline a well-balanced ration; if there are alcoholic excesses, enforce rigid restriction; if drugs are used which irritate the renal epithelium, prescribe a substitute; if the pa- inches deep and the other one and one-half inch. On packing tient's work subjects him to exposure, advise him to change his vocation or to move to a more equable climate; if there is mental worry or excitement, recommend a complete change with moderate, open-air exercise. The treatment all along means rational living, correcting common vices in eating and drinking, avoiding excesses and forming habits of temperance and moderation in all things.

It is well known that urea and other nitrogenous waste materials found in the blood and excreted by the kidneys under normal condition are derived through the ingestion of proteid elements of food. A diet, therefore, rich in proteids, increases the accumulation of nitrogenous waste materials and overworks the kidneys in the process of elimination. It would seem advantageous, then, to reduce the ingestion of albuminous food to a moderate amount. This may be accomplished by the substitution of at least a part of the lean meat diet by milk, cream and vegetables. Vegetarians have proved conclusively that it is possible to live and maintain perfect health upon milk and an otherwise exclusively fruit and vegetable diet. Milk, however, must not be depended upon as a chief article of food in these cases, as it is not well fitted to maintain a general nutritive equilibrium. Aside from this a long-continued milk diet becomes distasteful with consequent loss of appetite and perversion of the normal psychic influence necessary to perfect digestion. The consumption of large amounts of fluid necessary in a milk diet, mechanically does injury to the stomach, the heart and arteries. The blood pressure which is abnormally high in chronic nephritis is further increased by the large quantities of fluid ingested and hence a harmful influence is exerted.

But it may happen, and it too often does, that the patient's condition is not detected until the urine is fairly abundant, the heart hypertrophied, the pulse bounding. In this stage of the disease the indications are to maintain the integrity of the blood in preventing the accumulation of urea and other waste products, lessening the renal irritation and treating, as they arise, the complications which threaten the life of the patient.

In the treatment of chronic interstitial nephritis the physician should constantly bear in mind the tendency of the disease to terminate in uremia. If symptoms of uremia appear the

Digitized by Google

treatment indicated is one of thorough elimination. The skin and bowels should be made to do as nearly as possible the work which the kidneys, crippled by disease, are unable to accomplish. This may be affected by hot baths and saline purgatives. If the amount of urine is not greatly reduced avoid the administration of diuretics in order to save the kidneys the irritative influence of stimulation. Avoid also the use of diaphoretics on account of the resulting cardiac depression following the administration of this class of drugs. It is important, however, to maintain the high blood pressure in these cases, as the hyper-tension is compensatory in that it increases the flow through the kidneys and the elimination of irritating substances. Digitalis acts ideally here, both in its effect upon the heart and kidneys. The uremic symptoms may be such as to require more radical treatment. In this case do not forget blood-letting and with it hypodermoclysis of normal salt solution.

The patient's general condition may call for the administration of iron, stomachics and treatment for constipation. Inasmuch as the disease is slow in its course the use of drugs should be instituted only when their administration is positively indicated.

The treatment after all in these cases is largely one of educating the patient along lines of right living. Thousands of the strongest men of our country are passing away in middle life, at the very acme of their productive activity, the result of nephritis. Only widespread education can be effective in lessening this great loss of life. In a spirit of genuine altruism the medical profession is already doing commendable work in preventive medicine, yet there is room for further education along lines that will reduce the appalling death rate from degenerative diseases, particularly that of chronic interstitial nephritis.

References:

Osler, Practice of Medicine.
Oertel, Bright's Disease.
Tyson, Bright's Disease.
The Year Book.
The International Clinics.

Digitized by Google

CLINICAL REPORTS.

Maggots In the Eye.

The following is an unique case and I have been unable to find a similar condition reported.

Mrs. M. K., age 76, was admitted to the Douglas County Hospital August 25, 1911, with the following history: Three days ago, while under the influence of alcohol, she fell down stairs and lay neglected for some hours. She had received no medical attendance and on admittance both orbits showed nothing but a seething mass of maggot heads. The lids were partly open; the globes could not be seen at all. The patient complained of little if any pain and was, of course, quite blind.

The effect of the picture on all observers was so sickening as to almost produce nausea. The patient was given ether and the maggots washed out by irrigation with weak bi-chloride solution and the conjunctival culs-de-sac were found to be filled with worms, which stuck somewhat tenaciously.

The left eye had the cornea entirely eaten away and the maggots were seething out of the vitreous. The contents of the globe were cleaned out and the scleral shell packed with gauze.

The cornea of the right eye was hazy, but not eaten through. The eye was carefully cleaned and the sac filled with yellow oxide of mercury ointment with atropine.

Recovery was rapid and the right cornea above cleared so that the iris could be seen.

November 25, 1911, I performed an iridectomy, giving a pupil over this clear portion of the cornea, and the patient can now distinguish objects, count figures at six feet and find her way about the hospital.

The effect of the picture of twenty or thirty worms squirming in the orbits where one should find "the windows of the soul," and this in a living being, was so utterly loathsome that I still sicken at the recollection. H. B. Lemere (Omaha).

Rapid Disinfection of the Operative Field.

For this purpose Drs. König and Hoffman (Stbl. f. Chir., No. 24, 1911) employ a 5 per cent solution of thymol in alcohol. It is claimed that this is at least equivalent, if not superior, in disinfectant power to tincture of iodin. Besides, there is no discoloration of the skin, desquamation or eczema. The method is also said to be much cheaper.

Digitized by Google

ABSTRACTS.

Ultraviolet Rays to Purify Water.

Army surgeons in the Philippine Islands report that they have been making successful experiments with a plant consisting of a small dynamo and gasoline engine, carried in the ordinary escort wagon with troops, which has shown itself capable, by the generation of ultraviolet rays, of completely purifying foul water so as to serve daily a quart of sweet drinking water to every man in the regiment. The ultraviolet rays are said to destroy, not only the animal parasites in the water, but also bacteria.

Reinfection After Salvarsan.

Klausner reports a case in which there was unquestionable evidence of the first infection. After the intramuscular injection of 0.6 gramme of salvarsan the symptoms of syphilis, chancre (spirochætæ positive, Wasserman ++), lymphadenitis, papulo-pustular eruption, disappeared. After the treatment the Wasserman reaction was —, and the patient was discharged without symptoms. A year later, while the Wassermann reaction was still negative, he reappeared with a chancre, lymphadentis, and a characteristic maculopapular exanthem. Then the reaction that had been negative became positive. The case seems to be one of true reinfection with syphilis after treatment with salvarsan.

Two Deaths from Salvarsan.

Pick demonstrated two cases last week in which the cause of death pointed directly to the injection of salvarsan.

Case I. was a young girl of 18 years who had contracted syphilis at 14. The day before her death she was given an injection of 0.05 about 10 A. M. At 4 P. M. she began to show signs of serious illness, later almost continuous convulsions. Patient died at 11 P. M.

The autopsy showed an Acute Hemorrhagic Encephalitis in the Corpus Striatum.

Case II. was a young man who died on the 12th day following a second injection of salvarsan.

In place of general convulsions, as in case I, this patient had rather mild attacks of tetany.

The post showed the same identical lesion both as to kind and location, namely Acute Hemorrhagic Enacephalitis in the Corpus Striatum.

Digitized by Google

In discussing these two cases Pick called attention to the fact that if he found two cases in one week, other pathologists must be finding them also.

He admitted that all recognized treatments of syphilis possessed an element of danger.

Mercury could cause degeneration in heart and kidneys.

Arsenic could cause nerve changes never to be recovered from.

Salvarsan may be a useful but it is a dangerous drug.

E. C. HENRY, (Berlin.)

Medical College Graduates.

In 1880 there were graduated 3,241 physicians from all schools. In 1904 the number graduated was 5,747—perhaps the high water mark. Ever since, possibly because of more stringent supervision of standards, the number has decreased, till last fall it reached 4,273. In 1880 there were for every 100 graduates, 82 regulars, 12 homeopaths and 6 eclectics. In 1911 there were for every 100 graduates, 94 regulars, 3½ homeopaths and 2½ eclectics. The homeopathic colleges graduated 380 in 1880 and only 152 in 1910. The reduction in the eclectic graduates has been from 188 to 110. The physiomedical has ceased to exist. This shows the trend of medical education.

Dollinger's Operation In Graves' Disease.

The problem of preserving the sight in the cases where Graves disease produces an extreme exophthalmos has only been partially solved. In moderate cases, bandaging the lids or sewing them together is a sufficient protection, but in some cases the pressure from behind is so great that the stitches tear out and the cornea ulcerates and sloughs in spite of everything. Sattler in his monograph cites 63 such cases, 12 of which ended fatally. To meet this danger, Dollinger proposes (Deutsche Med. Woch. 41, 1911), taking out a large wedge from the outer wall of the orbit, so as to allow the contents of the latter to bulge laterally instead of straight forward. In one case he has performed this operation with complete success. A diagonal incision was made back of the malar ridge, and the greater part of the thin portion of the outer orbital wall removed. A corresponding part of the orbital periosteum was then extirpated, whereupon the orbital contents bulged freely into the opening. The fibres of the temporal muscle were not reunited, but the skin

Digitized by Google

wound was carefully sewed. The result was perfect. The pain disappeared and on the lids being closed with sutures the corneal ulcer healed promptly.

To the reviewer the idea seems a most valuable one, and he would suggest that, in place of the somewhat difficult chiseling through the outer orbital wall in the depths of the temporal fossa, equally good therapeutic and cosmetic results could be obtained by exposing the outer margin of the orbit through the drawn back sides of a horizontal incision, and simply biting off with a bone forceps as much of the wall as is desired. The only object of preserving the margin of the orbit is for cosmetic purposes, and from experience with a modification of Krönlein's operation, I am convinced that practically as good cosmetic results are obtained, where the bone is simply thrown away, as when it is replaced. Gifford (Omaha).

Summary of the Treatment of Post-Partum Hemorrhage.

If very urgent either compress the aorta or plunge the hand into the uterus, remove the afterbirth or remnants of afterbirth, if any, knead the uterus between the intra-uterine and abdominal hands until it contracts, and then give hot intrauterine douche and ergotinin gr. 1-50, ergotinin 1 c. c. or infundibulin 1 c. c.

If not so urgent proceed in the following order if the bleeding fails to stop:

1. Rub up the uterus and make it contract, thus deciding whether the hemorrhage is traumatic or atonic in character.
2. Pass a catheter and express the placenta.
3. Hot vaginal douche.
4. Hot intra-uterine douche.
5. Manual exploration of the uterus, with removal of any remnants of afterbirth or blood clot, followed by
6. Intra-uterine kneading of uterus.
7. Plugging the uterus with iodoform gauze.
8. Ergotinin citrate (gr. 1-50) or infundibulin 1 c. c. into the buttocks.
9. The treatment for the restoration of the patient from collapse.
10. Long watching by the bedside for fear of further hemorrhage or recurrence of symptoms of shock.—E. Hastings Tweedy, Rotunda Hospital, Dublin. Somers (Omaha).

Digitized by Google

Statistics of Insanity.

Dr. C. W. Pilgrim, in his presidential address at the sixty-seventh annual meeting of the American Medico Psychological Association in June, deals largely with the history of the state institutions for the insane in New York, and discusses at considerable length the care and treatment of their wards. The first institution, Bloomingdale, a private one originally, is now a state institution, and received its first mental cases in 1797. In 1843 the Utica asylum was opened and in 1845 there were in all institutions in New York 763 insane patients out of a total population of 2,604,495, or one committed insane individual to 3,413; a marked contrast to the present ratio of one to 278. In his historical account of the different institutions he pays honor to the pioneer officers in their work and suggests the perusal of their essays and reports. This analysis of the statistics for twenty years, ending with 1910, shows 52 per cent gain in the general population, and 104 per cent in the insane population in the state of New York. As causes for the increase, he mentions "unfit aliens," also "the pace that kills," due to the conditions of American life, with alcoholic and other excesses, and he says alcoholic excesses, syphilis, sexual excesses, and the abuse of drugs comprise practically one-third of all the cases. He argues that the state should assume the expense and proper care of these unfortunates. This care comprises special medical attention, comfortable housing, intelligent nursing, substantial and nourishing food and suitable clothing. In New York state the civil service laws, which are impartially administered, assure skilled and experienced medical attention. The care with which cases are studied and the records kept are worthy of the highest commendation. Contrary to the usual opinion as to the incurability of insanity, careful and conscientious examination of the statistics shows nearly 25 per cent are either permanently cured or improved to such an extent as to be able again to take up their former position in society, 15 to 20 per cent more are returned to their homes in a condition to live without violating the ordinary rules of conduct, and 70 per cent of those who are oblged to spend their lives under institutional care are taught some useful work and live contented lives. In order to improve the condition under which the hospital staff must live, he recommends a service similar to the army. Promotions to depend on the length of service and competency and also a retirement age with a pension. There should also be suitable quarters and allowances for married men. He makes these recommendations

Digitized by Google

to make the work more attractive to ambitious young men.

An important change in the laws in New York, in regard to the admission of patients, places them in charge of the health officer rather than the sheriff, prior to their committment to the hospital.

Patients are also admitted on their own initiative, which plan has done much to favor early treatment.

He recommends relief for the overcrowded condition of the existing state institutions by added state institutions where pay patients can be received and properly treated. He lays particular stress on the "penny wise and pound foolish" method of making appropriation for state institutions and compares the conditions in this country with those in Europe, where much more money is spent for the care of the insane.

Joseph M. Aikin (Omaha).

From Am. Jour. of Insansity. Vol. 68. July, 1911.

The Prevention of Gangrene by Arterio-Venous Anastomosis.

Although the formation of a connection of an artery with a vein had been practiced for various reasons by several men, Wieting, in 1908, was the first to report a case of gangrene of the lower extremity arrested by this procedure and in Germany the operation has gone by his name. Serious theoretical and experimental objections have been raised against the procedure. More particularly, Coenen, at the last meeting of the German Surgical Society (Abst. in Centralblatt f. Chirurgie 29, p. 106) reports a number of experiments, some of which indicate that the procedure may not only be useless, but dangerous. For instance, he found that dogs stood without harm a double sided ligation of the carotid and the external jugular vein; but that when the central ends of the arteries and the peripheral ends of the veins were united, the animals died with cyanosis of the head. Wieting (Ibid. No. 37) responds that Coenen's experiments on the dog are no criterion of the possibilities of surgery in man and, furthermore, that no matter what Coenen found and what theorizing would lead us to expect, the fact remains that the operation has saved limbs that otherwise would certainly have been amputated. Additional proof of the at least occasional value of Wieting's operation is given by a recent case of Heymann (Deutsche Med. Woch. 34, 1911), in which a beginning angio-spastic (from tobacco, twenty strong cigars a day) gangrene of the left hand was checked at once by an end to end union of the brachial artery with the

Digitized by Google

peripheral end of the brachial vein. Following the operation the pain, which had been intense, ceased almost at once and by the next day the color of the hand was much improved and the necrotic end of the little finger, which, when cut on the day before, had not bled at all, but had merely exuded a discolored fluid, bled freely. Some swelling and oedema of various joints and muscles occurred after the operation, but this disappeared and the hand gradually regained much of its usefulness; the conditions continuing good up to the time of writing the report, or nearly a year. GIFFORD (Omaha).

Vaginal Cesarean Section in the Treatment of Eclampsia.

Eclampsia has been well defined as "A Disease of Theories." This expression applies more particularly to the etiology of the disease, though it may be said that there is no statement made in reference to the many phases of the disease that is not open to argument. No one has determined the cause of the disease further than to establish the fact that it is dependent upon pregnancy. That it is an auto-intoxication which emanates from maternal or foetal tissues essentially all will agree, but no one has as yet produced the proof of the exact origin of the toxines. It is encouraging that there is little difference of opinion as to pathological changes found in the organs of the mother as the result of eclampsia, but when we come to the management of eclampsia we are confronted with many sided views. We are told by Peterson that the treatment is as yet empirical and it is for this reason that we look to the results of the various methods of treatment. We, therefore, welcome the contribution of Dr. Rueben Peterson of the University of Michigan, who has collected the reports of 530 cases of eclampsia which were operated by vaginal Cesarean section. These cases have been collected from all over the medical world and the conclusions which the author has reached should serve to clarify many of the problems relative to the treatment of eclampsia by vaginal Cesarean section.

Vaginal Cesarean section was introduced by Duehrssen in 1896. It has rapidly gained an abiding place in obstetric surgery. Nowhere is it more popular than in its application to anti-partum eclampsia, where it is imperative to deliver the mother in the shortest possible time and with the least amount of injury to the mother and child. As with all new operations, vaginal Cesarean section has been extolled and condemned by many. It has been given undue prominence and unjust criti-

Digitized by Google

cism. The contribution of Peterson is unbiased by previous prejudices and is a presentation of facts culled from records of a very large number of cases. His conclusions are therefore worthy of serious consideration and are here presented:

1. Convulsions cease after delivery in eclampsia in a little more than one-half of the cases.
2. It seems to make very little difference as regards the cessation of the convulsions, whether the delivery ends spontaneously or is terminated by operative means.
3. The fact that convulsions cease after delivery does not mean that the patient will recover.
4. On the contrary, under these conditions about 18 per cent die.
5. However, it may be said that where the convulsions cease the patient stands a much better chance of recovery.
6. The mortality in eclampsia after vaginal Cesarean section increases with the increase in number of convulsions preceding the operation.
7. Up to ten convulsions there is no particular regularity to the maternal mortality of eclampsia when the uterus is emptied by vaginal Cesarean section.
8. However, beginning with the operations performed after ten convulsions, the mortality rapidly increases and it reaches a high figure.
9. The average number of convulsions in 530 cases of eclampsia was eight.
10. The average is higher where the patients die than where they recover.
11. Multiple pregnancies are much more common among eclamptics. Twins are four and one-half and triplets ten and one-half times more frequent in this complication. Therefore multiple pregnancies probably act as a contributory cause of eclampsia.
12. Where premature children weighing less than 2000 grams are excluded, the fetal mortality after vaginal Cesarean section for eclampsia is very low, being 21.2 per cent in 315 children.
13. It is much lower than the fetal mortality in 1478 children born of eclamptic mothers, collected from lists furnished by eleven authors.
14. The total fetal mortality in 1793 children, including the 315 children after Cesarean section, is 29.4 percent.
15. The fetal mortality in eclampsia is lower after spontaneous than after operative delivery (25.1 and 30 per cent).

Digitized by Google

16. However, it is not so low as after vaginal Cesarean section.

17. The fetus, as well as the mother, is affected by the eclamptic poison.

18. The greater the number of maternal eclamptic convulsions before delivery the higher the fetal mortality.

19. From the standpoint of the fetus, delivery should be accomplished as soon as the diagnosis of eclampsia has been made.

20. Eclampsia is nearly three and a half times more common in primiparae than in multiparae, the percentage in the former being 75 and in the latter 24.

21. The maternal mortality in multiparae with eclampsia is decidedly higher than in primiparae (28.02 per cent and 22 per cent).

22. The fetal mortality is higher in multiparae than in primiparae (23.8 and 21.07 per cent).

23. Eclampsia is more frequent during the ninth month of pregnancy.

24. The highest maternal mortality occurs before the twenty-fifth week, the lowest at the ninth month or full term.

25. Whenever other operative measures are employed in eclampsia prior to the performance of the vaginal Cesarean section, the maternal and fetal mortalities are bound to be high; for such operations mean delay and so much more poisoning of the mother and fetus.

26. The fetal mortality is considerably lower in vaginal Cesarean section where the anterior uterine wall alone is incised.

27. Since this is also true during the ninth and tenth months of gestation, when the extraction of the fetus presents the greatest difficulties, we are justified in concluding that the anterior incision ordinarily serves all purposes and that the additional incision in the posterior cervical lip can be dispensed with.

28. The difficulties encountered during vaginal Cesarean section are not more numerous than is to be expected in a comparatively new operation.

29. They are not inherent with the operation and probably can largely be avoided as the proper technique becomes better known.

30. The total maternal mortality is higher after version in vaginal Cesarean section than after the use of forceps.

31. The maternal mortality is slightly better after for-

Digitized by Google

ceps when the operations are performed during the ninth and tenth months of gestation.

32. The fetal mortality, however, is better as a whole, also during the ninth and tenth months of gestation, when the vaginal Cesarean section has been terminated by version.

33. Difficulty in the delivery of the aftercoming head is the most frequent complication of the version.

34. Tears of the uterus and soft parts are slightly more frequent after both incisions than after one.

35. Tears are more frequent after version than after forceps.

36. No time should be lost in employing the slower methods, but as soon as the diagnosis of eclampsia is established the uterus should be emptied by the operation which will give the best results for mother and child.

37. Vaginal Cesarean section meets these requirements because it is based upon sound surgical principles, is quickly performed, while its technique can be acquired by any one familiar with the rudiments of obstetrical surgery.

38. Early diagnosis and early operation in antepartum eclampsia will lead to a marked reduction in both maternal and fetal mortalities. PALMER FINDLEY, (Omaha.)

A girl, a great lover of Nature, went to the seashore for a holiday, and, approaching a typical fisherman, said:

"Ah, sir, how well you must know the face of Nature, and know it in all its moods! Have you ever seen the sun sinking in such a glare of glory that it swallows up the horizon with fire? Have you not seen the mist gliding down the hilltop like a specter? Have you never," she went on impassionedly, "seen the moon struggling to shake off the grip of the ragged, rugged storm cloud?"

"No, Miss," responded the fisherman. "I used to see dem things, but I'm on the water wagon now."

Digitized by Google

NOTES AND NEWS.

Dr. Woolery of Crofton, Neb., has removed to Iowa.

L. A. Powell, M. D., is a new physician located at Dunbar, Neb.

The town of Lowell, in Kearney county, Nebraska, wants a doctor.

F. E. Blumer, M. D., Brownville, Neb., has removed to Cook, Neb.

Dr. F. T. Schowengerdt of Olmito, Tex., has located in Clatonia, Neb.

Dr. F. M. Neville of Nebraska City, Neb., has located at Montrose, Colo.

H. B. Landis, M. D., of King City, Mo., has located at Broken Bow, Neb.

Dr. J. J. Murphy of Shenandoah, Ia., has recently located in Sterling, Neb.

Dr. Picotte of Walthill, Neb., is recovering gradually from an attack of paralysis.

Dr. G. B. Wolford, who located in Albion, Neb., several months ago, has gone to Texas.

John Murphy, M. D., of Council Bluffs, Ia., contemplates locating in Tecumseh, Neb.

Dr. J. M. Wallace of Trayer, Kans., is a new physician recently located at Hubbell, Neb.

Dr. F. E. Rathburn of Hayes Center, Neb., has removed to Oxford, Neb., where he will reside.

Dr. E. E. Miller of Superior, Neb., was recently operated on for appendicitis in his home.

Dr. C. E. Taylor of Oconto, Neb., has disposed of his practice and has removed to Sargent, Neb.

Dr. Howard Kelly of Baltimore, Mr., was reported seriously ill with typhoid fever in December.

Dr. H. S. Brevoort of Omaha has purchased the practice of Dr. H. H. Thompson of Uehling, Neb.

Dr. J. L. Sears of Omaha recently purchased the practice of Dr. Taylor of Oconto and has located there.

The hospital of Dr. D. W. Beattie of Neligh, Neb., was seriously damaged by fire the last of November.

Dr. Boyden of Grand Island, Neb., was reported seriously ill at his home the latter part of December.

Dr. P. E. Plumb of Cozad, Neb., died at his home November 26 after a brief illness at the age of 45 years.

Dr. S. J. Crudun of Julian, Neb., was seriously injured by a fall down a long flight of stairs on December 18.

Dr. O. E. Bingham, a retired physician of Lincoln, died at his home December 11 at the age of 85 years.

A company has been formed in David City, Neb., for the purpose of establishing and maintaining a hospital.

Dr. Frank B. Smith of Wheatland, Wyo., was married December 26 to Miss Gladys Glothlen of Boulder, Colo.

Digitized by Google

Governor Aldrich has pardoned Dr. W. H. Johnson of Lincoln, who was serving a term in prison for criminal malpractice.

The State Tuberculosis Hospital in Kearney, Neb., will probably be opened to receive patients some time in January.

Dr. Royal Scudder, who will be associated with Dr. Bartholomew of Broken Bow, Neb., arrived in that city last week.

Forty-seven cases of smallpox were reported from Shelton, with almost an equal number from Gibbon, Neb., in December.

Dr. Thomas Kelly, an old and well known physician of South Omaha, was stricken with paralysis about the middle of December.

F. A. Butler, M. D., of Harvard, Neb., is taking a trip through Kansas, Oklahoma, Texas and California, looking for a new location.

Dr. W. T. Baker, Gothenburg, Neb., recently fell heir to a one-fifth interest in a fortune of $350,000 left by his father in England.

Dr. William E. Quine, Chicago, has given $200,000 in memory of his wife, to be used in the erection of four schools for women in China.

Dr. C. M. Schindel of South Omaha has purchased the practice of Dr. H. L. Burrell with Dr. Bryant in Omaha and has located in that city.

Dr. H. L. Burrell of Omaha, and for many years associated with Dr. D. C. Bryant, has disposed of his practice and will remove to California.

A number of physicians of Beatrice, Neb., recently vaccinated about 300 patients at the feeble-minded institution against typhoid infection.

It is reported that Dr. F. M. Thomas, who removed from Wayne to Atlanta, Ga., last spring, is figuring on returning to Nebraska to locate.

Dr. Walter S. Nichols of Ravenna, Neb., was married December 24 to Miss Esther Newberg at the home of the bride's parents at Sweetwater, Neb.

J. M. Garinger, M. D., of Grand Island, Neb., has returned from Rochester, Minn., where he underwent an operation for appendicitis a short time ago.

Five cases of smallpox were found in the schools of North Platte, Neb., and caused temporary closing of the building during the month of December.

Dr. Frank Borglum of Lincoln, Neb., has resigned as city physician and Dr. W. H. Slattery, who formerly filled the position, has been appointed in his stead.

Dr. John F. Loosbrock, who has practiced medicine in Petersburg and vicinity for a year past, went to Lindsay to make arrangements to locate at that place.

Dr. R. M. Wildish of Blunt, S. D., formerly of Omaha, was married December 28 to Miss Nell Emilo Sylvester of Surprise, Neb. They will make their home at Blunt.

Dr. D. J. Reid of Cambridge has sold his office, hospital and general practice to Dr. Fordyce H. McCabe of Arapahoe. Dr. McCabe will take possession January 15.

Dr. John H. Hollister, former president of the Illinois Medical Association and emeritus professor of the Northwestern University, Chicago, died at Los Angeles November 14.

Digitized by Google

Cooper Medical College has transferred all of its property holdings in San Francisco and elsewhere in California to Leland Stanford University, of which it will hereafter be a part.

Two hundred enlisted men on the cruiser Maryland were stricken with ptomaine poisoning at Vallejo recently. It is thought that the poisoning was due to cheese served at dinner.

Dr. C. P. Fall, Secretary of the State Board of Health, is investigating the maternity hospitals of Omaha, with the purpose of issuing licenses to all that meet the requirements of the recent state law.

Dr. T. F. Desmond of Webster City, Ia., had his face and eyes badly poisoned last month by the dye from a fur coat he had been wearing. However, he has recovered and is again attending his practice.

Dr. Anthony Parsons of Omaha and Miss Laura Schavland of Newman Grove, Neb., were married recently at the home of the bride. They will go to London, England, to take up post-graduate work and will then go to Africa as missionaries.

Dr. D. D. Martin of Tulsa, Okla., is said to be the oldest practicing surgeon in the United States. He is 89 years old and at a clinical convention in Chicago performed successfully an operation which required skill and judgment of surgeons at their best.

In the last year in London, with a population of 7,000,000, there were but nineteen murders. Of the nineteen murderers five committed suicide. All of the murderers except four cases were arrested and either convicted and executed or committed to the insane asylum.

Barnes Medical College, St. Louis, has been taken over by the American Medical College and the two institutions have been combined. Dr. James Moores Ball will be dean of the consolidated school. A charter for the new institution will be sought, but no name has yet been chosen.

Acting Assistant Surgeon Moore of the United States Public Health and Marine Hospital Service, stationed at Kobe, Japan, reports that pneumonic plague has reappeared in Manchuria, two cases with one death having occurred in Dalny on October 25. The cases occurred among dealers in furs.

The superintendent of Mount Sinai Hospital, New York, announces that subscriptions received this week complete a pension fund of $60,000 for the relief of nurses who, after graduation from the Mount Sinai Hospital Training School, have supported themselves at least in part by nursing the sick for a period of twenty years.

The prosperity of a nation depends, not on the abundance of its revenues, nor on the strength of its fortifications, nor on the beauty of its public buildings, but on the number of its cultivated citizens, on its men of education and character. Here are to be found its true interest, its chief strength, its real power.—Martin Luther.

Health Commissioner Young of Chicago is engaged in making preparations for opening "little mothers' schools in about fifty public school buildings of the city. The schools are being placed in congested districts for the purpose of teaching young girls how to take care of babies. Nurses of the health department will have charge of them.

Mary Mallon, widely known as "Typhoid Mary," whom the physicians of the health department of New York designated as a typhoid carrier, and confined for a time several years since on North Brother Island, has brought suit against the city for $50,000, claiming that the notoriety given her as a germ carrier has made it impossible for her to gain a livelihood.

Digitized by Google

St. Louis has had a thief who makes a specialty of robbing doctors while at their work in the hospitals. In this case it appears the thief poses as a visiting physician, and while the surgeon is busy in the operating room slips into the dressing room and robs the pockets of the surgeons. Several doctors have been losers by this simple method, which, it may be noted, is still another way for the impecunious doctor to make his way in the world.

Dr. James L. Greene, recently elected superintendent of the State Hospital for Nrvous Diseases, Little Rock, has already provided room for 108 more patients without crowding the capacity of the hospital and he believes that by a small expenditure he can provide sufficient room for 148 additional patients. The State Charities Board has authorized Dr. Greene to purchase new equipment for the modernizing of treatment at the institution at an expense of $10,000.

Dr. Charles H. Mayo of Rochester, Minn., was operated upon for appendicitis in the Presbyterian Hospital, New York, on Saturday, December 16, by Dr. Joseph A. Blake. The surgeons at the hospital state that their patient's condition is satisfactory and that in all probability he will make a rapid recovery. Dr. Mayo was on his way home from Washington, where he attended the annual meeting of the Southern Surgical and Gynaecological Association, when he was taken ill.

Governor Tener of Pennsylvania has appointed a commission to make a thorough study of the subject of vaccination and report to the legislature in 1913. The members of the commission are. Dr. Jay F. Schamberg, Dr. William H. Welsh, Ex-Governor Samuel W. Pennypacker, Mr. George Wharton Pepper, Mr. John Pitcairn, Dr. Porter F. Cope and Mr. Emil Rosenberger. It is announced that the work of the commission will include not only the history and operation of vaccination, but also its effects upon the prevalence of and mortality from smallpox in this country and abroad.

THE BRAVEST BATTLE.

By Joaquin Miller.

The bravest battle that ever was fought;
  Shall I tell you where and when?
On the maps of the world you will find it not.
  It was fought by the mothers of men.

Nay, not with cannon or battle shot,
  With sword or braver pen;
Nay, not with eloquent word or thought
  From mouths of wonderful men.

But deep in a woman's walled-up heart—
  Of woman that would not yield,
But patiently, silently bore her part—
  Lo, there is that battlefield.

No marshaling troop, no bivouac song;
  No banners to gleam and wave;
And oh! those battle they last so long—
  From babyhood to the grave!

Yet, faithful still as a bridge of stars,
  She fights in her walled-up town;
Fights on and on in the endless wars,
  Then silent, unseen—goes down.

Digitized by Google

SOCIETY MATTERS.

To members of the Nebraska State Medical Association. Our next meeting will be at Lincoln, May 7, 8, 9, 1912. M. L. Hildreth M. D. of Lyons, Neb., is Chairman of the Section on Medicine; A. I. MacKinnon M. D., Lincoln, of the Surgical Section, and Palmer Findley M. D. of Omaha, the Section on Gynecology and Obstetrics. These men with their Secretaries control the arrangement and number of papers for the scientific part of the program. All titles of papers should be in their possession by March 20th, so they can outline the program to your Recording Secretary for printing and distribution to each member, fifteen days previous to our annual session.

JOSEPH M. AIKIN, Secretary.

SALINE COUNTY MEDICAL SOCIETY.

The annual meeting of the Saline County, Nebraska, Medical Association was held at Crete, Jan. 5, 1912. The following officers were elected for the ensuing year: President, Dr. P. F. Dodson, of Wilbur; vice president, Dr. Jesse Hartman, of Crete; secretary-treasurer, Dr. H. W. Quirk, of Crete; delegate to the State Society, Dr. P. F. Dodson, of Wilber; alternate, Dr. F. J. Stejskal, of Crete.

The question of criminal malpractice was discussed and the methods of how best to treat the subject from both the physicians and layman's view, and what methods should be adopted to check the practice. It was suggested for the protection of a physician when called to one of these cases that blanks be printed, and the patient be required to state the one who performed the criminal act, and that she be required to sign same, before the physician would accept the case, and that these blanks be turned over to the State Board of Health.

H. W. QUIRK, Secretary-Treasurer.

RESOLUTIONS ADOPTED BY THE MEDICAL ASSOCIATION OF SALINE COUNTY, NEBRASKA, JAN. 5, 1912.

Be It Resolved by the members of Saline County Medical Association, That we are heartily in favor of the Owen Bill, and that we denounce the declarations of the National League of Medical Freedom, as being unfair and not stating the facts in the case; and

That a copy of these resolutions be forwarded to Congressman Sloan, and that we ask his support of the Owen Bill; also

That a copy of these resolutions be forwarded to the Secretary of the American Medical Association, and ask him to send us a concise synopsis of the Owen Bill, that we may have the same published in our County papers; and

That a copy be sent to the Journal of the American Medical Association, and also to the Western Medical Review.

LINCOLN COUNTY MEDICAL SOCIETY.

The Lincoln County Medical Society held its regular and annual meeting Dec. 20, 1911, and the following officers were elected for the year of 1912: President, F. H. Longley; vice president, A. J. Ames; secretary, T. J. Kerr; censors, V. Lucas, 3 years; W. W. Sadler, 2 years; W. J. Redfield, 1 year. Delegate for 1 year longer, M. A. Ames; alternate for 1 year longer, H. McCabe.

Digitized by Google

The remainder of the evening was spent in discussion of various subjects pertaining to the profession after which a dinner was served to the members present.

T. J. KERR, Secretary,
North Platte, Neb.

ELKHORN VALLEY MEDICAL SOCIETY.

The annual meeting of this society was held in Norfolk, Jan. 16, 1912. The following officers were elected for the year 1912: President, Dr. A. C. Stokes, Omaha; vice presidents, Dr. A. E. Gadbois, Madison, and Dr. A. P. Overgaard, Fremont; secretary, Dr. H. L. Wells, West Point; treasurer, Dr. P. H. Salter, Norfolk.

BOONE COUNTY SOCIETY.

The extreme cold weather prevented the members from attending the first regular meeting of the Medical Society this year.

BOOK REVIEWS

SUCCESSFUL MEDICINE.

Dr. Henry R. Harrower of Chicago Has Started a New Bi-Monthly Journal of Commercial Medicine Under the Above Title. The Initial Issue Is Quite Attractive and Interesting. The Price Is Only 25 Cents a Year. The Place of Publication is 60 West Randolph Street, Chicago.

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles by Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia. Vol. III. Twenty-first Series, 1911. Price, $2.00. Philadelphia and London. J. B. Lippincott Company, 1911.

A MANUAL OF DISEASES OF INFANTS AND CHILDREN.

By John Ruhrah, M. D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore. Third Revised Edition. 12mo Volume of 584 Pages, Fully Illustrated. Philadelphia and London. W. B. Saunders Company, 1911. Flexible Leather, $1.20 net.

The third edition of this practical volume on Diseases of Infants and Children has been issued by the enterprising house of W. B. Saunders Company and is fully abreast of the times. It is indeed an excellent epitome of the diseases incident to childhood and should be possessed by every general practitioner as well as every medical student in the land.

THE CARE OF THE BABY.

By J. P. Crozier Griffith, M. D., Clinical Professor of Diseases of Children in the University of Pennsylvania. Fifth Revised Edition. 12mo of 455

Digitized by Google

Pages, Illustrated. Philadelphia and London. W. B. Saunders Company, 1911. Cloth, $1.50 net.

Already this carefully prepared little volume by Dr. J. P. Crozier Griffith of the University of Pennsylvania has passed into its fifth edition, showing its popularity with mothers, nurses and physicians all over the country. The care of the baby is a very important subject and unless the mother and the doctor are well trained they are going to make a failure of caring for this baby, hence this valuable work comes in daily use as a consultation and as a consultant. It should be within the reach of everyone who has anything to do with a baby.

A MANUAL OF DISEASES OF THE NOSE, THROAT AND EAR.

By E. B. Gleason, M. D., L. L. D., Clinical Professor of Otology in the Medico-Chirurgical College; Aurist to the Medico-Chi. Hospital; Surgeon in Charge of the Nose, Throat and Ear Department of the Northern Dispensary; Formerly One of the Laryngologists to the Philadelphia Hospital. Illustrated. Philadelphia and London. W. B. Saunders Co., 1908.

This convenient leather back book contains the essential facts of what a student or general practitioner should know of the nose, throat and ear. Indeed, no general medical man can afford to be without such a book as this. Gleason's book is probably more profusely illustrated with apparatus that is within the reach of price and comprehension of any common-sense doctor. The work is also replete with a list of excellent formulae. The text is tersely and comprehensively written, containing 550 pages, and is easily worth the price, $2.50.

TEXT-BOOK OF SURGICAL ANATOMY.

By William Francis Campbell, M. D., Professor of Anatomy at the Long Island College Hospital. Second edition revised. Octavo of 675 pages, with 319 original illustrations. Philadelphia and London: W. B. Saunders Company, 1911. (Cloth, $5.00 net; Half Morocco, 6.50 net.)

A thoroughly revised, concise up-to-date book designed to aid the student and practitioner in acquiring the essentials of practical anatomy. The work has been ably condensed so that only the most practical anatomic facts are presented. The subjects are considered by regional division of the body, beginning at the head and neck. The drawings and photographs are good and clearly define surface markings and neat dissections which can easily be understood. Such a book is of value especially to the surgeon, owing to the ease with which any desired subject may be found and the clear, concise manner in which it is presented.

PRESCRIPTION WRITING AND FORMULARY.

By John M. Swan, M. D., Associate Professor of Clinical Medicine, Medico-Chirurgical College of Philadelphia. 32mo. of 185 Pages. Philadelphia and London. W. B. Saunders Company, 1910. Flexible Leather, $1.25 net.

This little book is quite useful both for the student of medicine and

Digitized by Google

the general practitioner. The paragraph in the preface in which reference is made to therapeutic measures other than the employmnt of drugs ought particularly to be emphasized.

The part of the book devoted to prescription writing is all that could be desired. Especially good are the chapters on "Latin for Prescription Writing, Official Preparations of U. S. P., Dosage and Incompatibility."

In the formulary are to be found a great many very useful prescriptions. The number given for each disease and the tendency to polypharmacy might offer ground for criticism in these days when so few drugs are used.

ELECTRICITY, ITS MEDICAL AND SURGICAL APPLICATIONS, INCLUDING RADIOTHERAPY AND PHOTOTHERAPY.

By Charles S. Potts, M. D., Professor of Neurology in the Medico-Chirurgical Cllege of Philadelphia, With a Section on Electrophysics by H. C. Richards, Ph. D., and a Section on X-Rays by H. K. Pancoast, M. D., of the University of Pennsylvania. Octavo, 509 Pages, With 356 Illustrations and 6 Plates. Cloth, $4.75 Net. Lea & Febiger, Publishers, Philadelphia and New York, 1911.

This book is designed to be of practical helpfulness to both students and physicians and fully meets this need. Beginning with a discussion of the fundamentals of electricity, the author passes to the different uses to which this agent may be put. The diagnostic and therapeutic value of each modality is taken up and discussed briefly, touching only the important points. The chapter on Roentgen Ray, which is written by Dr. Pancoast, is especially clear, concise and helpful. The book ought to be in the library of everyone who uses electricity in any form.—A. F. Tyler, Omaha.

THORNTON'S MATERIA MEDICA.

A Manual of Materia Medica. By E. Quin Thornton, M. D., Assistant Professor of Materia Medica in the Jefferson Medical College, Philadelphia. Octavo, 525 Pages. Cloth, $3.50 Net. Lea & Febiger, Philadelphia and New York, 1911.

Professor Thornton has prepared a very thorough, yet compact textbook and work of reference on the basis of therapeutics, namely, the Materia Medica, a department which is coming in for renewed recognition as to its rightful importance. He opens with a section on posology, prescription writing, including its Latin essentials, incompatibilites, weights and measures, and then proceeds to the body of the book, which is devoted to the description of all drugs, chemicals and preparations official in the U. S. Pharmacopoeia. In the third and closing part he gives a complete list of these preparations, rearranged according to pharmaceutical classes, with their composition and methods of preparation, thereby affording a laboratory guide. The author's long experience in teaching has given him definite views as to the field to be covered in a work of this kind, and also as to the best method of systematizing its presentation. The subject is one in which accuracy is peculiarly necessary, a characteristic well exemplified in the work in hand.

A MANUAL OF PRACTICAL HYGIENE.

For Students, Physicians and Health Officers, by Charles Harrington, M. D.,

Digitized by Google

Late Professor of Hygiene in the Medical School of Harvard University. Fourth Edition, Revised and Enlarged by Mark W. Richardson, M. D., Secretary to State Board of Health of Massachusetts. Octavo, 850 Pages, With 124 Engravings and 12 Full-page Plates, in Colors and Monochrome. Cloth, $4.50 Net. Lea & Febiger, Philadelphia and New York, 1911.

The medical profession may advisably take note of the growing public interest in all matters pertaining to the maintenance of health, an indication that the physician is now expected to be quite as expert in preventing disease as in curing it. In fact, the intelligent portion of the laity is becoming exceedingly well informed on matters of hygiene, and it behooves the profession to lead instead of being pushed along its own ground. Fortunately it has at hand in the new edition of Harrington's Hygiene a standard authority, thoroughly revised to date, complete in every department and detail and easy and delightful to read. It is one of the rare books that survive their authors and so prove their own vitality and intrinsic worth. Dr. Harrington was professor of hygiene at Harvard Medical School and secretary of the Massachusetts Board of Health, thus occupying didactic and executive positions of the highest eminence. Overwork led to his lamented death in the fulness of his powers, but he left his book partly revised in anticipation of the demand for a new edition, which has been fully realized. His revision has been most fittingly completed by Dr. Richardson, his successor on the Massachusetts Board of Health, and the book now goes forth again as the standard exponent of the latest developments in the whole vast range of subjects included in its title.

While a certain Richmond family were in Europe, the dusky housemaid acted as caretaker, and more than once she received in the dining room an admirer in the person of one Henry Morgan, cab driver.

One evening, as the maid and the Jehu were making merry, there came from the kitchen a painful scratching sound.

"What's dat noise in de kitchen?" demanded the maid's admirer. "Must be a dawg tryin' to get in."

"Don't yo' worry," answered the maid; "dat ain't no dawg a-scratchin' at de do'. Dat's de cook a-writin' a love-letter to her honeysuckle."

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00 The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

Dr. A. G. HAMILTON, Thermopolis, President DR. W. H. ROBERTS, Cheyenne, Secretary
DR. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. M., Rock Springs.

Vol. XVII. CHEYENNE, WYO., FEBRUARY, 1912. No. 2

ABSTRACTS.

Experimental Poliomyelitis.

In the New York Medical Journal of September 23 is a preliminary report on experimental poliomyelitis by Drs. Neustaedter and Theo. They investigated the contagiousness of this disease, and for their purpose used the sweepings from rooms occupied by infected children. The sweepings were shaken with salt solution, strained through cotton, and then through a Berkfeld filter. The filtrate was used to inoculate monkeys, which, about one week later, exhibited a flaccid paralysis. One of these animals was killed and emulsions made from the cord and used to inject into others, which subsequently developed a paralysis typical of poliomyelitis.

From the result of their experiments so far the authors conclude:

1. Acute poliomyelitis is both infectious and contagious.
2. It is propagated by the dust.
3. The nasopharynx must be the point of entry.

These conclusions make it perfectly evident that most rigid prophylactic measures should be enforced.

Digitized by Google

Post-Operative Adhesions.

Dr. Walter Gray Crump of New York City sends us a reprint entitled "A New Oil in the Treatment of Post-Operative Abdominal Adhesions." Dr. Crump reports the use of sterile olive oil poured freely into the abdominal cavity. He has used this in over 200 abdomens. He believes its use has marked a decided advance in surgery. The only objection he found to this was that olive oil had an acid reaction. He then had chemically neutral oil extracted from the fat of the Omentum and appendices of cattle. This oil he found was also markedly bactericidal. He has also used this oil with most gratifying results in cases of tubercular peritonitis. Dr. Crump is professor of gynecology of the New York Medical College for Women and will send a reprint of his article to any person interested.

Treatment of Tetanus.

Baccelli, of Rome, says that antitetanic serum has proven a great disappointment in the treatment of tetanus, no matter which way it is introduced into the system. Carbolic acid, given subcutaneously in sufficient dosage, is still the best remedy at our disposal. A 2 to 3 per cent watery solution is employed. At first about 0.3 to 0.5 Gm. of the acid are injected daily to test the tolerance of the patient. If the urine remains free as much as 1 to 1.5 Gm. may be given during the 24 hours. Larger doses should only be used cautiously in very severe cases. According to the author's statistics, the mortality in severe cases could be reduced from 100 per cent to 2.12 per cent, in very severe cases from 100 per cent to 18.5 per cent. In a large percentage of the worst cases less than one gram daily was injected, so that the statistics here are no proper criterion for the action of the drug. If desired, the acid may also be injected dissolved in sterile oil.—Berl. klin. Woch.

Bismuth Poisoning In Surgical Practice.

Beck (Central. f. Chirurgie, No. 17, 1910) direct attention to the fact that in the course of the last twelve months many instances have been recorded of serious and, occasionally, of fatal results from the use of bismuth paste in the local treatment of suppurating cavities and fistulae. Reich, of Tubingen, has collected 16 cases with 7 deaths, and of 3 cases recently put

Digitized by Google

on record by Matsuoka 2 were fatal. The earliest symptom of the chronic form of poisoning caused by the slow and prolonged absorption of bismuth by a suppurating surface is a pale livid tint of the skin. This is followed by an eruption of small, bluish ulcers on the gums. The further progress of the poisoning is marked by nausea, headache, vomiting, and albuminuria. In advanced cases the ulceration of the gums increases, and the patient becomes emaciated, and gradually succumbs.

The author, who in his own practice observed cases of the kind, states that the bad results of the slow absorption of bismuth may be prevented by constantly looking out for the appearance of the early signs of the poisoning, and if any of these be manifested, by injecting into the cavity still occupied by the bismuth paste some warm and sterilized olive oil, which is allowed to remain from twelve to twenty-four hours, and until it has formed an emulsion which can be removed by aspiration.

The use of bismuth paste is contraindicated in cases of acute suppuration, particularly empyema, as absorption so readily occurs on the fresh inner surface of the suppuration. On the other hand, in old abscess cavities with thick and fibrous walls with much diminished capacity for absorption, the paste may be applied with but slight risk. The maximum strength of the paste used by the author is 33 per cent. When the secretion becomes sterile, the paste containing this proportion of bismuth is withdrawn, and replaced either by a 10 per cent paste or by sterilized vaselin.—*British Medical Journal,* Aug. 6, 1910.

Surgical Treatment of Pellagra.

Drs. T. J. Bennett and Z. T. Scott (Tex. State Jour. Med., Sept., 1911) employed direct transfusion of blood from a healthy donor in sixteen cases of pellagra, with a cure in twelve and improvment in one—an excellent showing. In performing transfusion the radial artery of the donor and the median basilic vein of the recipient were selected. Both the Crile and Brewer methods were used, but the latter found less complicatd. The blood was allowed to flow usually from 20 to 30 minutes, the amount transfused during this time ranging from one to two pints, according to the force of the heart action in the donor and the size of the blood vessels.

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Nebr. Per Annum, $2.00 The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. JONAS, M. D., President
F. E. COULTER, M. D., Vice-Pres't
H. L. AKIN, M. D., Sec.-Treas.
H. L. BURRELL, M. D.
H. GIFFORD, M. D.

A. L. MUIRHEAD, M. D., Editor.

O. O. MORISON, M. D., Associate Editor

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H. L.	Crowley, C. F.	Hamilton, H. P.	Pollard, C. W.
Allison, C. C.	Christie, B. W.	Jonas, A. F.	Rich, C. O.
Akin, H. L.	Davis, B. B.	Lake, F. W.	Rix, R.
Bryant, D. C.	Dunn, A. D.	Lemere, H. B.	Stokes, A. C.
Bridges, W. O.	Foote, J. S.	Milroy, W. F.	Somers, A. B.
Burrell, H. L.	Gifford, H.	Moore, R. C.	Schalek, Alfred.
Crummer, LeRoy.	Henry, W. O.	Moriarty, Pierre C.	Sumney, H. C.
Coulter, F. E.	Henry, E. C.	McClanahan, H. M.	Towne, S. R.
Condon, A. P.	Hollister, R. R.	Owen, F. S.	

Coulin, F. M. Long, F. A., Madison. Sward, E. J. C., Lincoln.
Anderson, A. B., Pawnee City Von Mansfelde, A. S., Ashland Hopkins, S. B., Hastings
Artz, C. V. Hastings. McConaughy, R., York. Pickett, I. N., Odell.
Coats, A. J., Fairbury. McDonald, R. C., Fremont. Quigley, D. T., North Platte.
Dayton, W. L., Lincoln. McKinnon, A. I., Lincoln. Rork, L. W., Oxford.
Everett, M. H., Lincoln. Mitchell, A. R., Lincoln. Talbot, W. E., Broken Bow.
Hilton, D. C., Lincoln. Orr, H. Winnett, Lincoln. Wilson, W. H., Lincoln.
Hildreth, M. L., Lyons. Poynter, C. W. M., Lincoln.

Vol. XVII. OMAHA, NEB., MARCH, 1912. No. 3

EDITORIAL.

Alteration of Drugs.

When a drug exerting a well-defined action has been absorbed into the system conditions may arise which modify the degree of its action. Take, for example, the drugs commonly employed as genito-urinary antiseptics. The degree of acidity of the urine exerts a considerable effect both on the growth of organisms in urine and on the action of the antiseptic drugs. Acidity exerts a restraining influence on the growth of most organisms in proportion to its degree; but staphylococci and bacillus coli will grow readily in all degrees of acidity which it is possible to produce in man.

The normal acid of the urine is the acid sodium phosphate NaH_2PO_4, and by the administration of this salt by the month

Digitized by Google

it is possible to convert an alkaline urine into an acid urine, and to double or treble the degree of acidity of an average acid urine. The condition of the urine is of paramount importance during the administration of urotropine. If urotropine be given to a patient whose urine is alkaline or neutral it exerts no particular effect and as a genito urinary antiseptic is valueless. If, however, it be administered to a patient with an acid urine, a small proportion of the drug, varying with the degree of acidity, is converted into formic aldehyde, which may be detected in the urine and which is one of the most powerful of all known antiseptics. The effect of the drug is well shown by the fact that an acid urine obtained from a patient taking urotropine may be kept almost indefinitely without undergoing ammonical fermentation. The significance of this hardly requires to be pointed out, but it may be desirable in infective diseases of the genito-urinary tract to obtain first an acid urine and then give urotropine.

Of the other urinary antiseptics there are two main groups —the coal-tar series and the group of essential oils. Salicylic acid may be taken to represent the former. When given by the mouth it has quite a definite action in inhibiting the growth of organisms in the genito-urinary tract; it prevents the growth of all organisms in much the same degree without exerting any specific action on one or the other, but its action is very feeble compared with urotropine in an acid urine. Moreover, about 50 per cent of the salicylic acid is rendered inactive by conversion into salicyluric acid. Salicylic acid, as is well known, combines in the body with glycocoll, and this renders it inactive; the resulting salicyluric acid is almost non-toxic, and patients suffering from acute rheumatism treated with it derive no benefit.

Derivatives of benzene formed in the alimentary canal as the result of putrefaction are absorbed and excreted in the urine combined with sulphates, which combination greatly facilitates their excretion in the urine, and probably diminishes their toxicity. Nearly all mammals, except man, convert their relatively insoluble uric acid into the much more soluble body allan-

Digitized by Google

toin. Man, unfortunately, does not, and so this non-toxic, though relatively insoluble substance, uric acid, has been blamed for causing every imaginable evil.

The essential oils, of which the oils of copaiba cubebs or sandal wood are most used, since they are less irritant and therefore can be given in larger doses than most others, act unequally on different organisms; they act quite feebly against putrefactive organisms or bacillus coli, but against staphylococci they exert quite a powerful antiseptic action.

In conclusion it may be pointed out that the rate of absorption of drugs from the alimentary canal may be influenced by the administration of other substances, either previously or at the same time. Alcohol is not only absorbed with great rapidity itself, but it facilitates the absorption of other substance dissolved in it. This naturally leads one to speculate whether this action of alcohol may not account for some of the toxic effects associated with indulgence. One fact is clear, that alcohol is not the direct cause of the various cirrhoses which are commonly associated with alcoholism. But may it not be that in some of these people poisonous products are formed in the alimentary canal as a result of putrefaction, and that the alcohol causes their absorption? Whether this explanation be correct or not, one such poisonous product is formed in the alimentary canal of man under certain conditions and its injection into animals leads to cirrhosis.

Even when the rate of aobsorption of a drug from the alimentary canal is known, we are not in a position to state the amount of specific action it will exert, since the degree of specific action depends largely upon the amount present in the blood at any one time, and some drugs are excreted so rapidly in the urine that specific effects are wanting. Other substances may be destroyed or altered in the body so as to lose their specific effect. For example, half an ounce of alcohol taken by mouth, suitably diluted, has no specific action in the body, since it is oxidized completely before sufficient can accumulate in the tissues to exert an effect. The same dose, however, injected under

Digitized by Google

the skin would affect the central nervous system for such time until its oxidation was effected.

Another Outrage.

Immigration commissioners from nineteen states recently met in Chicago to form a national organization. The commission proposes to publish a "handbook for the guidance of land seekers," which will contain authoritative information concerning farm and mineral lands in the various states. Dissemination of information of this kind will make it less easy for mining promoters, land sharks and other "get-rich-quick" gentlemen in the same line of business, to defraud the public. The book will be distributed free and "will be circulated in every state in the union in opposition to many 'promotion' companies, which draw wondrous pictures concerning land in a certain locality without telling any of its bad features." Here, then, we have again the same unwarranted interference with private business that has characterized the action of Dr. Wiley's bureau. The only difference is that in the latter case it was the "patent medicine" business interests that were hurt, while here it is going to be the J. Rufus Wallingfords who do land promoting. We may expect to see a new "Advertisers' Protective Association" formed to fight the immigration commissioners' high-handed interference with a lucrative business. Land sharks and "patent medicine" fakers must deplore the present tendencies of governmental agencies to assume paternalistic roles. Men who make a business of defrauding the public are always believers in the laissez-faire doctrine. They hold that swindling and being swindled are inalienable rights of every free born American. Honest men believe differently.—J. A. M. A.

Half Doing Things.

In the medical profession as well as out of it there is a constant temptation to deal lightly with the relatively unimportant things. This is one of the disintegrating factors in any profession or calling.

Digitized by Google

The successful attorney is the one who brings to an early and reasonably satisfactory outcome the relatively unimportant case, instead of letting it lag along to the dissatisfaction of his client. This leads to more and more business and to greater profits.

While there are few physically perfect people, there are many who suffer needlessly from some functional disability, and the family doctor carelessly permits the condition to continue rather than insist upon the patient carrying out recommendations which will involve a little trouble.

Success wins other successes just as much in small things as in great. The patient who finds that the family physician is determined if possible to relieve him of the tendency to heartburn or lumbago may do some growling, but he appreciates the doctor just the same.—Monthly Encyclopedia.

Jewish Wisdom.

"My friend, speak always once, but listen twice,
This I would have you know, is sound advice;
For God hath given you and all your peers
A single mouth, friend, but a pair of ears."

"Think not that those are purely sages,
Whose beard and paunch are of a larger size,
Or else the goats through all the ages
Must, too, be classed among the wise."

"Who kneels before his lady fair,
And begs her love in humble mode,
Is like the camel on his knees,
Eager to bear his master's load."

"Make every man your friend,
However poor and weak,
With every solace tend
The humble and the meek.
Do you ask the reason why?
The giant feels the stinging fly.

Digitized by Google

ORIGINAL ARTICLES.

Empyema.

*By F. A. Long, M. D., Madison, Neb.

Accepting "pus in the pleura" as the definition of empyema, I shall not discuss serous pleurisy in this paper.

Empyema results from the infection of a pleurisy, a pleuro-pneumonia, a broncho-pneumonia, or from a tubercular process involving the pleura, and also from infection carried by penetrating wounds of the chest wall. When due to pleurisy or pneumonia the most frequently found germs are the pneumococcus and the influenza bacillus, while if due to penetrating wounds the ordinary pus germs are the organisms most frequently found.

If a pleurisy or a pneumonia fails to clear up in the usual time we may suspect empyema. An inspection of the chest may reveal immobility on one side in degree corresponding to the amount of effusion, fullness or obliteration of the intercostal spaces, there may even be bulging, and measurements will show a larger semi-circumference amounting to from one to one and a half inches over the other side. One must however remember that the right side is naturally larger than the left.

One of the most valuable diagnostic signs in accumulations of any size is the absence of the voice vibrations in the affected side. I need hardly state that this sign is elicited by placing both hands flat with the fingers spread somewhat, on the upper part of the chest and having the patient count aloud or otherwise speak slowly and distinctly. There will be no vibrations noticeable to the hand over the affected side, or if there are vibrations they are correspondingly weaker. In children this sign is not so evident. In effusion of the right side of any extent, the apex beat of the heart is lifted and possibly pushed beyond the left nipple, the location depending on the amount of effusion. If the exudate is on the left side, the heart's impulse may be concealed; if the effusion is large the impulse is seen in the third and fourth interspaces on the right side in the neighborhood of the right nipple.

Flatness of the percussion note is characteristic of effusion. Early, when fluid is just beginning to accumulate the flatness may not be so evident. In moderate effusion, movable

*Read before the Elkhorn Valley Medical Society, at Norfolk, Neb., January 16th, 1912, as part of a Symposium on Diseases of the Chest.

Digitized by Google

dullness may be elicited, the location changing with the patient's shifting from the recumbent to the upright position.

Symptoms of infection are present. The disease through which infection has occurred, except in tubercular cases, has run its course, but the patient instead of convalescing, becomes paler and weaker, has sweats and irregular fever running as high as 103 1-2 in some cases. A patient having had a pleuropneumonia may appear to be convalescing for a short time before the symptoms of infection become evident.

These are the symptoms mostly depended on in making a diagnosis.

To one who has seen a case of empyema demonstrated, the diagnosis is, in most cases, comparatively easy; but it is not so easy to the physician who has not been fortunate enough to have seen a case during his college and hospital training. I speak advisedly, for I have had the opportunity to diagnose or to confirm the suspected diagnosis for a number of physicians who had not previously seen an empyema. My own first experience came with a very interesting case many years ago, and I well remember that my impression was that I had an abscess of the lung when bulging occurred.

Exploratory puncture is called for to confirm the diagnosis, in every case. An ordinary hypodermic outfit sterilized for the purpose answers very well, and is the instrument of preference by the essayist on account of its size and innocent appearance. A rather long needle is needed in adults.

Aspiration as a method of cure need be mentioned, but to be condemned. The method has practically fallen into disuse and justly so. There may be an occasional case where owing to conditions, aspiration may be called for as a temporary expedient to afford immediate relief.

Incision and drainage by and through a tube is the remedy for empyema . The operation may be done under local anaesthesia, but general chloroform anaesthesia seems to have the preference, rather than ether, because it tranquilizes the patient quicker, and avoids in a greater degree the coughing and retching peculiar to ether, and which might result in rupture of the empyema into a bronchus, and consequent strangulation. The incision is made on a level with the posterior axillary line preferably between the fifth and sixth ribs, (some prefer the seventh or eighth interspace) care being taken to cut close to the lower rib to avoid the intercostal artery. The incision must be large enough to admit a good sized tube, taking into consideration the size of the patient, varying say from 14

Digitized by Google

American catheter scale for a child to 24 or larger for an adult. Personally, I prefer to put in a tube doubled on itself so as to make two drains believing that better drainage is thus afforded and that in case of clogging by placques of fibrin the drain can better be freed without removing the tube. The tube may extend into the cavity at first in an adult, to the extent of two or more inches, but must be shortened as expansion of the lung progresses. I do not think it advisable to have the tube project into the cavity more than an inch as a rule, and as the case progresses toward recovery, it should project very little.

(Introduction of the tube is facilitated by raising the arm to cause separation of the ribs.)

The tube is fixed on the outside with a large safety pin and adhesive straps. To this I like to add a perforated plate, usually made of zinc sheeting, through which the tube projects, the pin being on the outer side of the plate. This aids, it seems to me, in fixing the tube. A liberal gauze and an especially liberal cotton dressing completes the operation. If there is a large amount of pus, it is well to apply the dressings expeditiously, not waiting for the flow of pus to cease, lest collapse may follow the relief and expansion of the lung.

The after-treatment of a case consists practically of a change of dressings only, and the administration of tonics. Irrigation, once so popular, is no more advised by the authorities, except in very putrid cases, and when done a one-half grain to the ounce permanganate of potassium solution, warm, is perhaps the best. It is advised to occasionally take out and clean the tube. I do not think this is imperative. The length of time required for an empyematous cavity to drain and heal varies greatly, according to the condition of the patient and the amount of effusion, but three weeks may be considered the minimal time. As the patient's condition improves he may be allowed to leave his bed. Just when to remove the tube and let the sinus close in a question calling for fine judgment in every individual case. Personally, I like to put in a smaller tube toward the last and remove this only when the discharge is practically nil, and that serous rather than pus-like. If, after the sinus is allowed to close, fever and pain develop, the sinus must be reopened for longer continued drainage.

Simple acute empyemas readily respond to this treatment. The resection of a rib in connection with the establishment of tubal drainage in every case is advocated by many surgeons. That this is not absolutely necessary in acute empyemata is

Digitized by Google

well known, and that this proceedure will not become popular in general practice, is pretty certain. The extra time required to resect a rib, is a great objection, owing to the fact that most empyema patients take the anaesthetic badly. This objection would have less force to a deft surgeon, than to one slower in his movements, or to a general practitioner.

In the chronic forms of empyema in which collapse of a portion of the lung has become permanent, rib resection is necessary to allow collapse of the chest wall, to correspond to the defective lung tissue.

In resecting a rib it is exposed for about three inches, the periosteum pushed to either side, and about one and one-half inches removed with a rib cutter or bone cutting forceps. This is done before incising the pleura.

In some old neglected cases with complete collapse of the lung the Estlander operation is necessary to allow collapse of the greater part of the chest wall. Briefly, this operation consists of the resection of four or five ribs in a wedge shaped manner, the base of the wedge being below. More radical still, is the Schede operation, applicable to cases which have been long chronic and perhaps tubecular, and where the resection as above outlined is not sufficient to obliterate the cavity.

In these cases Schede resects the entire chest wall overlying the cavity, a proceedure that has been quite generally followed with success. The cases we meet are not all classical, and special cases call for special consideration, as for instance, cases in which fistulae have formed, or in which there is bulging, denoting, impending fistula. Spontaneous evacuation almost never results in cure. Operation done in these cases should not seek to enlarge the fistulous opening, but the drainage should be made at the usual site.

A case ever of much interest to myself follows: A family moved from Iowa one spring bringing a child about six years of age, said to have had a very severe attack of pneumonia during the winter just past, and from the effects of which she had not recovered. She had fever, rapid pulse, cough, and was so highly nervous and shy that a satisfactory examination of the chest wall was impossible. A little later a bulging occurred on the back near the lower point of the scapula. This was opened and a drainage tube inserted. The child improved considerably, began to eat and to play, but did not get well. One day my attention was called to an unusually free discharge of a milky consistency. A little later, pink particles of what proved to be (early) radish skins were found on the dressings. A

Digitized by Google

fistulous opening through the diaphragm into the stomach had evidently formed, and milk and small particles of food passed from the stomach into the empyematous cavity and through the fistulous opening in her back. Drainage was later established in the axillary line in the sixth interspace, whereupon the child rapidly recovered.

Rupture of an empyema into a bronchus does not result in cure except very rarely, and should not deter the physician or surgeon, from doing the drainage operation.

I am very certain that many cases in general practice are insufficiently drained. A little stab wound, under local or general anaesthesia, and the introduction of a small catheter, is not an operation for the cure of an empyema, and one need not wonder at the failure to cure.

Purpura Hemorrhagica During Convalescence From Scarlet Fever.

*By E. C. Stevenson, B. Sc., M. D., Gothenburg, Neb.

The infrequency of this complication in scarlet fever is apparent from the fact that a review of available literature in the Surgeon General's library of Washington, D. C., by Dr. Charles A. Pfender, resulted in finding only thirty-three cases reported by foreign and American writers.

Monnier (1904), states that post-scarlatinal eruptions are not uncommon. Murray (1893), states that little is said in English text-books about P. H. following scarlet fever, but is of the opinion that the hemorrhagic diathesis, though rare, is less uncommon than the literature would indicate. Von Juergenson (1902), states that hemorrhagic scarlatina is rare, and further says: "It is an interesting fact that Lichtenstern in his brief description of the severe and extensive epidemic in Cologne (he himself saw over 1,000 cases), makes no mention of hemorrhagic diathesis. Litten also fails to mention it."

Voelcker (1905), states that of 4,926 autopsies at the children's hospital, London, fifteen cases of P. H. following infectious fevers are recorded, and remarks that symptomatic purpura is not infrequently met with in the acute infectious fevers, especially measles, variola, scarlet fever and diphtheria. He quotes Sanson as having seen purpura following influenza.

Sterling Ruffin, Washington, D. C., states in a letter, that he has seen P. H. following infectious diseases, mentioning partic-

---

*Read before the Dawson County Medical Society January, 1910.

Digitized by Google

ularly one case following tonsilitis, and another following influenza. Both patients recovered. J. P. Lord, Omaha, Neb., states in a letter that he has seen numerous cases of P. H. following infectious diseases.

Purpura hemorrhagica associated with infectious diseases is manifestly not an uncommon occurrence, and undoubtedly scarlet fever being such a widespread, common disease, has a relatively large proportion of hemorrhagic cases to its credit.

During the epidemic in Gothenburg, Nebraska, over 250 cases of scarlet fever developed. There were a number of instances of more or less severe epistaxis, and one case of P. H.

Clinical History.

Healthy, robust girl, 5 years old. No previous illness. Family history free from hereditary disease and hemophilia. Three brothers and one sister, healthy and strong.

Onset of illness: Emesis, anorexia, headache, fever, reddened tongue, and angina. Exanthem appeared after a hot bath, the second day of illness. Fourth day, rash indistinct, symptoms all abated, and the patient was apparently convalescing. The twelfth day of the disease, a papular, red, discrete rash appeared over the body, accompanied by malaise, headache and anorexia. Five days later, this rash had disappeared, when profuse hemorrhage began from the right nostril, which could not be entirely checked with local applications or packing, as the blood failed to form a firm clot. Calcium lactate in 10 grain doses, every three hours, improved the clotting properties of the blood, but oozing of serum continued. The next day, bleeding began in the left nostril, and blood oozed from the gums and mucous membrane of the mouth. The third day of the hemorrhagic condition, hemorrhagic spots appeared over the body, a large hematoma appeared in the right, upper eyelid, and another in the left cheek. The irritability of the patient prevented disturbing her, to keep blood clots cleaned away from the lips, teeth and gums. The urine became scant and general edema developed. While an enema of normal salt solution was being administered, the patient became rigid, the eyes were fixed, the pupils dilated, and the pulse was imperceptible. This condition lasted about five minutes, the patient gradually reviving. Pulse registered 165, irregular and thready. Respiration 35, temperature 102.5. Hematemesis, hematuria, and bloody stools occurred.

During the next four days, the pulse ranged between 110 and 140, the temperature from 101 to 103.5. Hematemesis,

Digitized by Google

hematuria, and bloody stools persisted. Twenty-five days from the onset of the fever and the eighth day of the hemorrhagic condition, the patient was weak and listless, pulse reached 150, became thready and very irregular. This depressed state of the patient proved to be the crisis in the progress of the disease, and improvement began the next day. Epistaxis ceased three days later and the appearance of the urine and stools indicated that the general hemorrhagic condition had terminated. Overfeeding on the 35th day of the disease. caused the temperature to rise five degrees, and the pulse rate to increase, but after a copious stool, the pulse and temperature returned to normal and the patient made an uneventful recovery.

Etiology.

Banks (1906), believes this condition is due to the same toxic agents which produce nephritis in scarlet fever cases, and is of the opinion that the morbid lesion is to be sought for in the blood vessel walls, rather than in the blood.

Voelcker (1905), believes that the occurrence of P. H. is indicative of severe toxemia.

Young (1909), believes the serious complications of scarlet fever are due to streptococcic infection, and not to the poison of the scarlet fever germ, which has not been positively determined.

The appearance of a papular eruption two weeks after the scarlet fever rash, would indicate a secondary infection with some organism, probably a streptococcus.

Unfortunately no bacteriologic examination was made in this case. The blood clots were slowly and imperfectly formed, and the serum continually oozing from the nostrils during the hemorrhagic period had a pale crimson tint.

Recent investigations by Vipond (1911), *of Montreal, Canada, present strong experimental evidence that he has isolated the specific agent in scarlet fever. Plating broth cultures from the inguinal and axilary glands of a child, four years old, that died of scarlet fever, Vipond isolated a luxuriant white colony of bacilli, which he inoculated into monkeys and rabbits and produced typical scarlet fever lesions, with desquamation, and recovered the organism in pure culture, from the glands of the inoculated animals. Typical scarlet fever was produced in a rabbit and a monkey by direct contagion from animals inoculated. Vipond has also obtained this bacillus in pure culture, from the glands of children, early in the course of the disease.*

Digitized by Google

Pathology.

Autopsy on Neuman's fatal case, showed hemorrhages beneath the mucosa of stomach and intestines, the calices of both kidneys were filled with clotted blood, and the spleen was congested and covered with hemorrhagic spots. No hemorrhages were found in the membranes or substance of the brain.

In Biss' fatal case, the kidneys were found transformed almost entirely into fat, a little blood clot being found in the calices. Examination of the tonsillar crypts showed streptococci. There had been no nephritis during life.

Cornil's case showed hemorrhagic spots on the mucous membrane of the stomach, intestines, rectum and bladder.

Symptomatology.

The prodromes and initial symptoms of this patient prognosticated a mild form of scarlet fever. The first indication of serious complications developed on the twelfth day of the disease, in the form of a discrete, papular, red rash, accompanied by malaise, headache, fever, and anorexia. Two days later the rash had disappeared, and the patient felt well. Three days later, epistaxis commenced in the right nostril, the following day, bleeding began in the left nostril, petechiae appeared over the body, and three days later hematuria, bloody stools, and hematemesis occurred. The hemorrhagic condition continued for eleven days.

Prognosis.

Holt states that the average mortality in scarlet fever is 14%. Kerley gives the average mortality as 10 to 30%. In some epidemics the death rate is reported as low as 4% and in others as high as 40%. In an epidemic in Tabriz, Persia (1909), 10,000 deaths occurred in three months. In the Gothenburg, Nebraska, epidemic, two deaths occurred among 250 cases, a mortality of 0.8%.

Of the hemorrhagic cases noted in this paper, 11 died, making a mortality rate of 32.35%.

Treatment.

At the onset of illness a calomel purge, a potassium citrate diuretic was given, and a throat spray containing iodine was used. When the hemorrhagic condition developed, the administration of antistreptococcic serum was considered, but the material on hand was one year old, and the beneficial results being

Digitized by Google

considered uncertain, the serum was not given. Three consulting physicians concurred in a grave prognosis.

Normal salt solution, containing sufficient Tr. opii to relieve nervousness, was given every three or four hours, according to the symptoms. This not only lessened the hemorrhage, but improved the rate and quality of the pulse each time it was given. This part of the treatment proved to be the most essential, partly because the large amount of blood lost, required replacing the fluids of the body.

Calcium lactate in 10 gr. doses (the dose was later reduced to 3 grs.), increased the clotting properties of the blood. Iron per-chloride was given throughout the disease, and adrenalin chloride was given part of the time.

Voelcker (1905), mentions the use of normal salt solution for the anemia following P. H. During the hemorrhage he found Calcium chloride in 10 gr. doses, every three hours, for three days, beneficial. He quotes Langdon as having found turpentine useful in hemorrhagic conditions and states that Blackburn used adrenlin chloride with favorable results in a case of P. H.

Banks (1906), used Calcium lactate in 10 gr. doses every four hours with beneficial results.

Pigot (1897), treated P. H. successfully with subcutaneous injections of normal salt solution, 250 c. c., improvement following in 24 hours. Injections were repeated several times and the patient recovered.

Morest in (1908), used fresh horse serum in a case of P. H., with favorable results, and Broca, discussing this report, states he used successfully, diphtheria antitoxin in a case of P. H. The effect on the hemorrhage is the same no matter what kind of serum is used, and he staes that there seems to be no unfavorable effects following the administration of the serum.

This report would lead to the conclusion that antistreptococcic serum might have been beneficial in the present case. However, in the use of fresh horse serum, or any serum, there should always be borne in mind the danger of anaphylaxis, though the dangerous condition of a hemorrhagic patient would justify the risk.

Gelatin has been used subcutaneously, but is said to be of doubtful benefit, and must be carefully sterilized, as much of the commercial gelatin is known to contain anthrax spores.

SPECIFIC TREATMENT OF SCARLET FEVER.

Aronsen, Marmorek, Moser, Marpman and von Leyden prepared serums from streptococcic cultures taken from scarlet

Digitized by Google

fever patients, to be used as a prophylactic against scarlet fever, to alleviate the symptoms of the disease and to prevent complications.

Burroughs and Welcome, Huber and Paltauf and others have prepared serums. The reports indicate that the earlier in the disease the serum is used, the greater the alleviation of symptoms. A lower mortality in severe cases was noted, and nephritic complications were less frequent.

Camp reports 67 cases treated with Marpman's serum. Five of these, in which the serum was used late in the disease, died. Two hundred cases of application as prophylaxis, resulted in two taking the disease. Both these cases recovered.

Paltauf used a serum in 400 cases of great severity, with no death. Gordon (1909), states that Palmirsky and Zebrowski treated 1,000 cases with Moser's serum, 133 of these were of the severe type. Amelioration of symptoms followed in all cases, and nephritis developed in 3% of the patients. The mortality was 15%, whereas hospital statistics for such cases, he states, would be 60 to 70%.

At the Anakinderspital in Vienna, from November, 1900 to July, 1904, 1,069 cases of scarlet fever were admitted. Two hundred and twenty-eight cases were treated with Moser's serum (all severe cases were given the serum). The mortality for this series of cases was 8% compared with a mortality of 14.5% during the four preceding years. The mortality in other hospitals where the serum was not used, was 13.1%. Moser used his polyvalent serum in 699 cases, with a mortality of 19%; 81 of these cases were of the severe type. Escherich reports as favorably on 112 cases.

Young (1909), used Moser's serum in 75 cases. All recovered, and no secondary angina occurred. Nephritis developed in 10.66% of the cases.

McPharland (1910), states that Marmorek's serum has failed to fulfill his expectations, and the general prevailing opinion is, that the antistreptococcic serum is most disappointing, though many are convinced of its utility.

There are now produced by many laboratories, scarlatinal vaccines that are used extensively. Much favorable comment is given concerning the results gained in the use of these vaccines.

A LIST OF REPORTED CASES OF PURPURA HEMORRHAGICA.

Banks (1906), one case; youth, 17 years old; recovered.
Biss (1902), one fatal case; a child, 3½ years old.

Digitized by Google

Betz (1885), two cases; one bled eight days, the other bled two days; both recovered.

Collie (quoted by Murray, 1893), one fatal case; hemorrhage began three weeks after onset of fever.

Cornil (1864), one fatal case; man, 21 years old.

Des Champs (1886), one case; boy, 15 years old; fifteen days after onset of fever occurred hematemesis, hematuria and epistaxis; recovered.

Forscheimer (quoted by Banks, 1906), two cases; fatal in forty-eight and seventy-two hours, respectively.

Heubner (1910 , two cases; both recovered.

Hofnagel (1848), one case; girl, 10 years old; recovered.

Henoch (quoted by Murray, 1893), eight cases, occurring during the third and fourth week of the disease; all recovered.

Lund (1887), one case; girl, 6½ years old; hemorrhage occurred fourteen days after the onset of fever; recovered.

Miller (1887), one fatal case; boy, 2 years and 10 months old.

Miller (1905), one fatal case; boy, 4 years old; hemorrhage began twenty-six days after the onset of fever.

McArthur (1896), one case; man, 28 years old; recovered.

Murray (1893), two fatal cases; hemorrhage began in one case ten days after the onset of fever, and in the other case three weeks after the onset of fever.

Monnier (1904), one case; man, 57 years old; pre-eruptive.

Pond (1842), one fatal case; man, 34 years old; hemorrhage began five days after the onset of fever.

Rillet (quoted by v. Juergensen, 1902), one fatal case; girl, 8 years old; states that in a severe epidemic in Genf (1853 he frequently observed nasal hemorrhages, but mentions no general hemorrhagic cases.

Rogers (quoted by Monnier, 1904), two pre-eruptive cases; he saw 2213 cases of scarlet fever.

Sabuneyeff (1908), one case; hemorrhage began during the fourth week of the disease.

Stroem and Arctander (quoted by Riss, 1902), one case.

Stevenson (1912), one case; girl, 5 years old; hemorrhage began seventeen days after onset of fever and continued eleven days; recovered.

BIBLIOGRAPHY.

(Reviewed and Abstracted by Dr. Charles A. Pfender, Washington, D. C.)

Aronson, Hans (1896), Berl. klin. Wchnschr., v. 33, p. 717-720.
Banks A. G. (1906), Lancet, Lond. v. 1 May 26 p. 1466-1467.
Berner W. F. (1902), Iowa Med. J., v. 8, p. 551-557.
Betz, F. (1885), Memoriabilien, Heilbronn v. 30, n. f., v. 5 p. 513-519.
Biss, Hubert, J. E. (1902), Lancet, Lond., v. 2, p. 286-287.
Blackburn, A. E. (1903 , Am. Med., v. 6, p. 54.
V. Bokay, Johann (1904), Deutsch. med. Wchnschr., v. 20 (1), p. 6-9.
Cornil (1864), Bull. soc. anat, de Par., v. 39, p. 270-277.
Des Champs (1886), Ann. soc. de med. d. anvers, v. 47 p. 616-622.
Gordon, M. H. (1909), Practitioner, Lond.
Heubner (1910), Mod. Clin. Med., Inf. Dis., N. Y. and Lond., p. 405.
Hofnagels (1848), Ann. soc. de med. de Anvers, v. 9, p. 333-335.
V. Juergensen, T. (1902), Nothnagel's Encycl. of Pract. Med., Phila. and Lond., p. 589.
V. Leyden, E. (1902), Deutsche Arch. f. Klin. Med., v. 73, p. 616-631. Berl. klin. Wchnschr., v. 39, p. 832.
Lund, A. (1887), Tidskr. f. prakt. med., v. 7, p. 73-76.
Marpman (1905) Ztschr. f. allg. Mikr. u. klin. Chemie, v. 11, h. 5, Aug., p. 113-119.
Miller, H. L. (1887), Med. Rec., N. Y., v. 32, p. 482.
Miller John W. (1905), Lancet Lond. v. 1, p. 929.

Digitized by Google

Monnier, V. (1904), Gaz. med. de Nantes, 2 s., v. 22 p. 696-700.
Morestin H. (1908), Bull. et Mem. soc. de la chir., Par. v. 34 p. 866-869.
Murray, R. W. (1893), Lancet, Lond., v. 1, p. 299.
McArthur W. F. (1896), Lancet Lond., v. 2, p. 1456.
McFarland, J. (1910), Modern Clin. Med., N. Y. and Lond., Inf. Dis., p. 955-956.
Pigot, A. (1897), Gaz. hebd. de med. et de chir., Par., n. s., v. 2, p. 990.
Pond, J. O. (1842), N. Y. Med. Gaz., v. 2, p. 145-159.
Sabunayeff (1908, Sibirsk. Vrach. Gaz., Irkutsk, v. 1, p. 128-130.
Shaw, H. (1904), Med. News, N. Y., v. 85, p. 817-819.
Voelcker A. F. (1905), Tr. Med. Soc., Lond., v. 27, p. 33-54.
Young, Meredith (1909), Practitioner Lond., v. 82, p. 153-158.
(Names referred to in the next, but not included in the above list, are persons quoted by these writers.)

Lymphangioplasty.

*By Geo. Haslam, M. D., Fremont, Neb.

In 1908 W. Sampson Handley first suggested the term "lymphangioplasty" to designate a surgical procedure originally devised to relieve the brawny swelling of the arm which frequently apears in the later stages of cancer of the breast. Since then the method has been adapted to other conditions and its sphere of applicability correspondingly increased.

The origin of this measure was not the result of a chance experiment, nor the product of an aimless thought; on the contrary, it was the outgrowth of prolonged observation, study, and pre-determinated experiment.

A consideration of the subject convinced Handley, that obliteration of, or pressure on, the axillary vein was not the cause of brawny arm. It was argued that the swelling did not result in many cases of removal of the breast in which large portions of the veins were excised; that brawny arm did occur in many cases in which the absence of pressure on the veins could be demonstrated; again, that the condition was frequently associated with the atrophic forms of the disease. Lastly, pathology teaches that solid forms of oedema are not produced by simple venous obstruction, acting alone.

An investigation resulted in demonstrating that brawny arm was dependent upon the spreading of the disease by a process of permeation which ultimately blocks the lymphatics in an ever increasing area radiating from the original growth. Accepting this as fundamental, a means was now sought to mitigate or to overcome the resulting condition and this search culminated in the operation of lymphangioplasty. Evidently, the problem that presented itself was to find a practical substi-

*Read before the Dodge County Medical Society, January 22, 1912.

Digitized by Google

tute for the obstructed lymphatics in order to open up a path or channel for the lymph stream.

In the prosecution of this quest it was remembered that a section of silk ligature which had been imbedded in the peritoneum during a period of ten years, though superficially eroded, was, in the main, intact; furthermore, the interfilamentous spaces of the ligature were free from anything foreign, and therefore it was reasoned that the interstices of such a thread would still be capable of maintaining capillary drainage. Acting on these indications a number of silk threads were placed longitudinally under the skin with their proximal ends imbedded in adjacent healthy tissues. The result has justified the experiment and has fulfilled every expectation.

Many cases of brawny arm have been benefited, and though the progress of the disease continues uninterruptedly, still, the relief from the intolerable pain, and the possible relinquishment of the use of morphine constitute great gains in the palliative treatment of this terrible affliction. Other forms of lymphatic oedema, such as those resulting from erysipelas and septic infection, have been not only relieved, but many have been cured by this procedure.

A case of chronic lymphangitis with solid oedema of the leg was recently operated on and will be here recorded:

A German lady, Mrs. H. H., first consulted me in June, 1896—she was then forty years of age and weighed nearly three hundred pounds. She complained of slight and occasional swelling of the foot and right lower leg. The ankles pitted on pressure, but no dilated nor varicose veins were visible. In July, 1911, her weight had decreased to 267 pounds, but the whole of the right lower limb was so immensely enlarged as to resemble a case of elephantiasis, so indurated that it was not possible to pit the tissues, and at all times very painful, the point of greatest distress being at the middle of the thigh, along the internal saphenous vein. The temperature rose each day to about 100½ degrees; pulse rate remained steadily from 100 to 108 per minute. The limb was so heavy and so painful that the woman was completely incapacitated. It was evident that a low form of septic infection was present and that the lymphatics were chiefly involved.

In August, 1911, four injections of anti-streptococcus serum brought the temperature to normal and terminated the infective process. The solid oedema of the limb, however, still persisted, there was no diminution in the size, nor any lessening of the weight of the member.

Digitized by Google

On the 11th day of December, 1911, two double silk threads, No. 12, were introduced the whole length of the limb with the ends terminating in the subcutaneous tissues of the abdominal wall, all the usual aseptic precautions being, of course, adopted. The outcome has been simply miraculous; the limb resumed its natural size within ten days and has since retained its normal proportions, with the exception that there is, at times, a slight swelling in the ankles towards evening. The patient can already get around fairly well and her powers of locomotion are improving every week.

Appendicitis In Children, With Report of Cases.

*By A. L. Kee, M. D., Cambridge, Neb.

Appendicitis in children is essentially a disease requiring surgical interference. It is a much more serious condition in the child than in the adult, and less delay in surgical interference is permissable. Appendicitis in children differs in certain respects from the same disease in the adult. The age during which appendicitis is most common in the young is also that in which lymphoid tissue is most abundant. The amount of lymphoid tissue in the neighborhood of Gerlach's valve and scattered throughout the wall of the appendix is very great. The significance of this fact is evident when it is recalled that lymphoid tissue throughout the body is prone to inflammation whenever subject to even slight irritaiton by bacteria and their toxins:

The phagocytic leucocytes in the intestinal walls are found to be most numerous and most active in the lymphoid areas of the caecum and appendix. This greater activity in the microbe destroying process displaced by the phagocytes implies, not a greater activity on their part, but a greater need for their activity—in other words, a more vigorous invasion of the intestinal walls at these points than at any other.

The appendix and tonsils resemble each other not only in their anatomical peculiarities and excessive lymphoid composition, but also in their predisposition to inflammatory involvement, especially at a youthful age. Animal expermentation has demonstrated that the lymphoid tissue of the appendix is the seat of predeliction for the localization of infectious organisms derived from their general inoculation.

H. C. Deaver discusses this condition, based on five hundred patients operated on by him, and on a review of recent

---

*Read before the Republican Valley Medical Association, at Alma, Neb., October 26, 1911.

Digitized by Google

literature. The predisposing causes are said to be infectious diseases, family dispositon and mechanical irritation. Of these infectious and contagious diseases enteric fever, scarlatina, influenza, mumps, and chicken pox are most common. The exciting cause is bacterial, and usually the bacillus coli communis.

Symptoms of acute appendicitis in infants are unquestionably scanty, irregular and misleading. In older children on the contrary, symptoms reach the other extreme, occur suddenly and with stormy symptoms. There are severe pains which localize about the navel, and are shortly followed by vomiting, rigidity, more or less extensive, and abdominal distension. The temperature is usually higher than in adults, and pulse more rapid. Lying on their backs with legs drawn up or curled on their sides, writhing from pain. It must be remembered that the child may be mentally incapable of accurately locating the pain, often pointing to various parts of the abdomen as the place of the greatest intensity.

The appendix in children is located lower than in adults and the inflammation usually reaches the right side of the pelvis; consequently the abdominal tenderness is generally lower than in adults. A point of tenderness can generally be found by making a digital rectal examination, and in some cases the localized painful point can only be discovered by a finger in the rectum. As the pelvis is generally involved, we often have frequent and painful mictruition which may be so severe that it will disguise the real disease and we may conclude that it is a cystitis causing the trouble. Then too there are cases in which the pain is all referred to the left hypochondriac region no pain or tenderness being detected on the right side. Vomiting is generally much more violent and persistent in children than in adults, and the tendency to pus formation is much greater, possibly owing to the presence of a lymphoid structure within the appendix of children. And then, too, children seem to have less resistence to pus and a case of appendicitis in a child is much more liable to result in a general peritonitis than in an adult.

Deaver believes that all cases of abdominal trouble in children should be regarded as appendicitis until proved otherwise. The diagnosis of appendicitis in children should be made with caution, though it goes without saying that not every colic and abdominal pain is appendiceal in origin. I believe the appendix to be the cause of a great deal of our gastro-intestinal trouble. Children suffering from diarrhoea or obstinate constipation

Digitized by Google

and having poor assimilation, many times should be treated surgically instead of medicinally.

I have had twenty-three surgical patients ranging from two and a half to thirteen years in age. Twenty of these had perforated appendices, gangrenous or ulcerated, and abcessed, with a mortality of six.

Case D. C. Age twelve, had ordinary diseases of childhood; taken suddenly ill February 22, 1911; attending physician, Dr. Lyon, summoned and found child suffering with persistent nausea and vomiting; general pains through abdomen; temperature 102°f; pulse 120; bowels moving frequently; character of the stool thin and offensive; under treatment of intestinal antiseptics and anodynes, his condition seemed to improve, and the next morning his temperature was 100°f, pulse 110; no nausea and no pain. By evening he was complaining of severe pains in left hypochondriac region, with occasional vomiting, no tenderness over McBurney's point, but extreme rigidity of the muscles, and a rectal examination revealed a painful spot on pressure in right pelvis. An ice bag was put over the seat of the appendix, which promptly relieved the pain in the left side. The next morning his abdomen was much distended, temperature 103°f, pulse 140; marked evidence of shock, operation advised. On operating the appendix was found to be suppurating, gangrenous and adherent in a mass of omentum; appendix and gangrenous omentum were removed and abdomen drained; recovery uneventful.

Case C. Boy four and a half years old; at twenty months of age had critical attack of cholera infantum, followed subsequently by obstinate constipation. February 12 family physician was summoned, found the child suffering, which was at once diagnosed as appendicitis; operation suggested, and was not permitted until February 23, 1911. Upon incising found an appendiceal abcess; appendix removed and thorough drainage established; child's condition fairly good for seventy-two hours, temperature fluctuating from 99°f to 100°f with pulse varying from 100 to 120; occasional emesis and eructations; child's condition continued to grow from bad to worse; unable to move the bowels by laxatives, and enemas; abdomen greatly distended, showing all signs and symptoms of obstruction; child's condition at no time justified the opening of the abdomen. The child died the ninth day. Post mortem fiindings: about three feet from the distal end of the ileum found a collapsed bowel,

Digitized by Google

with denuded mucuous surface, its walls adherent; the length of the collapsed bowel being twenty-eight inches.

Case A. Girl nine years old, since six years of age has had attacks of indigestion and diarrhoea; in September, 1910, first attack of pronounced appendicitis; lasted six weeks; temperature ranging from 100°f to 103°f with flatulence, marked distension and profuse emesis. Six weeks after recovery from first attack was sick four days with same symptoms and had similar attack two months later. March 5, 1911, was taken suddenly ill with gastro-intestinal disturbances. Operated on March 9, found the appendix perforated, abscessed; appendix removed; thorough drainage established; recovered.

Case M. *S.* Age ten, always been healthy and rugged. Began about October 10, 1911, with diarrhœa and occasional griping, which continued until the night of October 19, when the pain became so severe that he could not lie down and sat in a chair all night; he had gone to school regularly up to this time. October 20, the pain was not so severe through the day but was worse in the night than it had been on the 19th. Dr. Lyon called October 21 and found the child with a temperature of 101½°f, pulse 130; abdominal muscles rigid, pain paroxysmal; between pains felt easy; he was dressed and up and around, soreness not pronounced but general on palpitation over abdomen. Digital rectal examination revealed an extremely sensitive mass in the right pelvis, patient screaming when only a little pressure was made on it; operation advised. On operating we found a localized peritonitis and an adherent mass in the right pelvis which proved to be gangrenous appendix, bowel and omentum, necessitating a resection of five inches of the bowel and mesentery was gangrenous; bowels were united with pendix had "sluffed" off, and the bowel had a gangrenous perforation an inch in diameter, and about three inches of the bowel and mesentery was gangrenous; bowels were united with Murphy button and abdomen drained. On the evening of October 25, 1911, child's temperature normal, pulse 80, condition good.

"The doctors talk Latin, 'tis said,
When they meet in the sickroom, oh why?
They think that a language that's dead
Suits the man who is going to die."

Digitized by Google

Acute Inflammation of the Nasal Accessory Sinuses.

*By W. D. Shields, M. D., Holdrege, Neb.

Anatomy. The nasal passages are subdivided by the three turbinated bodies into four parts or meatuses, running from the front backward and slightly downward. The inferior meatus is between the floor of the nose and the lowest tubinal, and receives the opening of the nasal duct. The middle meatus lies between the inferior and middle turbinals, and the third meatus between the middle and superior turbinals, while the fourth meatus lies above the third or superior turbinal body and below the cribriform plate of the ethmoid bone. The middle turbinal hides from view several important structures on the outer wall of the nose. In the first place the uncinate process is a ridge of bone running downward and backwards nearly to the posterior end of the middle meatus. Above the uncinate process is the bulla ethmoidalis, a projection caused by one or more of the middle ethmoid cells, and between the uncinate process and the bulla ethmoidalis is the hiatus semilunaris into which many of the accessory cavities open.

The accessory sinuses form almost a continuous chain along the outer side of each nasal fossa, and from a clinical point of view may be divided into two groups according as their openings are above or below the middle turbinal. In the first group are the frontal, the fronto-ethmoidal, and anterior ethmoidal cavities and the maxillary antrum; and in the second group are the posterior ethmoidal and the sphenoidal cavities. The relative position of the sinus and its ostium is of great importance clinically on account of draining the cavity. This varies greatly owing to the position of the head.

The ciliated epithelium which lines the cavities aids materially in emptying the sinus if it is not injured by disease.

All these cavities are perhaps residual organs, like the appendix, and like all residual organs offer little resistance to inffammatory action. They are all supplied by the trifacial nerve or its branches which is well to remember in tracing reflex symptoms.

Inflammation of the antrum is caused by acute rhinitis, the fangs of the first and second molar teeth extending into the cavity or hypertrophy and polypoid degeneration near the natural opening. It also occasionally happens that the antrum

---

Read before the Republican Valley Medical Association, at Alma, Neb., October 26, 1911.

Digitized by Google

is infected from the ethmoid cells, the frontal or sphenoidal sinuses, and by syphiltic necrosis.

The symptoms are pain, more or less neuralgic on the affected side with soreness of the teeth involved, bone tenderness over the region and maybe puffiness of lower eye lid, with a feeling of pressure of the orbit and local fever. This inflammation may rapidly terminate by suppuration and the patient notice a discharge from one nostril which smells and has a fetid taste. This discharge is now found to be coming from under the middle turbinate; this is sufficient to establish a diagnosis. This may be corroborated by an electric lamp in the mouth in a darkened room and comparing the two cavities. This seems to be valuable to some authorities and only confirmatory by others as there is nothing reliable to it.

The symptoms of frontal sinus inflammation are supra-orbital pain on the affected side. The pain is increased by blowing the nose or any stooping, or straining position, with nausea. There is marked tenderness above and under the supraorbital arch. Frequently there is oedema of the skin covering the sinus and the upper eye lid. A diagnosis based on the above indications is conclusive but transillumination and the x-ray are helpful in symmetrical cavities. But we never know when we have similar cavities and same thickness of bone or as occasionally happens one sinus, or one in front of the other. (de Mendosa.)

In the acute stage the ethmoid cells and the sphenoidal sinus are known by pain, and in their regions, and between the eyeballs, and occipital headache. The discharge of which trickles into the phargnx.

The posterior ethmoidal cells are rarely affected alone. Either the sphenoidal is implicated or some of the anterior ethmoidal cells. In one case however, reported by Watson Williams, in which the posterior ethmoidal cells were affected alone, there was a subjective sense of thickness over the frontal region, deep seated headache, aching at the back of the eye, obscurity of vision, loss of memory, aprosexia and discharge of pus from both anterior and posterior nares. From these discharges draining into larynx and the pharynx we have many resulting complications, even in the acute condition, as pharyngitis, laryngitis, and bronchitis; eustachian catarrh, acute septic tonsilitis, anorexia and general debility.

From your knowledge of the orbit and relation to these sinuses it is readily understood that the eye socket is about

Digitized by Google

half way surrounded by these accessory sinuses. And as a result of this relation we have more or less eye symptons. It may be an orbital abscess, orbital celulitis or only a soreness of the muscles in turning the eye. It should be stated that in the great majority of cases of sinusitis it is secondary to an inflammation of one or both nasal fossae, as in measles, la grippe, or other systemic infection.

Inflammation of the lining membrance of a sinus is not different from that of a mucous membrane in any other part of the respiratory tract except that it is now in a closed cavity instead of an open cavity and runs a more rapid course through the inflammatory process.

The treatment suggests itself; that is elimination and general depletion by a cathartic; a hot foot bath aids in relieving the congestion. Relieve the pain by five to eight grains of aspirin or other analgesic which does not check the secretions. Locally a hot application over the sinus and two to four per cent solution of cocaine on a pleget of cotton, applied to the ostium through the nose. This may be supplemented by adrenalin chloride but its after effect is so great in many cases that I do not use it ordinarily in these cases. A warm alkaline douche is efficient if you do not have cocaine at hand. Thus, we reverse the order, by reducing the patholgic turgescence of the mucous membrane, converting a closed cavity into an open or physiological cavity.

It is comparatively easy in most cases to probe the natural opening and know it is open. In fact, many chronic cases can be cured by washing and draining through the natural opening.

I want to insist that by a practical, patient effort in the local treatment with the anatomical picture of the nasal fossae and their connecting sinuses in mind, we could cure more than we are at present in the acute attack.

In contradistinction to the radical plan of treatment we may properly term this the conservative method, which is authorized by D. Braden Kyle of Philadelphia. He says "In my clinic at Jefferson Medical College, Hospital, where from 10,000 to 12,000 treatments are made yearly, and also in my private practice, where many of these acute inflammatory involvements of the accessory cavities are observed, this plan has been successfully carried out for a number of years with such satisfactory results that radical interference has been practically eliminated in acute cases. In fact, in the last year, in only two cases, and they were of the chronic variety, was the radical

Digitized by Google

operation necessary. Even in the chronic cases unless there is bony necrosis, the same plan of treatment will give equally good results."

Again he says, "I do not mean that never are we to perform the radical operation, but I wish to call attention to the fact that many patients who are subjected to the radical operation would and should be cured without any such procedure."

Alcoholic Injections in the Treatment of Neuritis.

A practice has become quite popular with neurologists and surgeons of treating neuritis by injection of alcohol in the vicinity of the nerve involved. This practice has been in vogue long enough now to show that the relief afforded is but temporary and that cases of neuritis so treated almost invariably relapse and are sometimes made worse. If the correct view of the actual condition of neuritis and its treatment by measures which dissipate the local inflammation and consequent infiltration were generally adopted, very few of these cases would go beyond the first stage; for sciatica, brachial neuritis, tic douloureux, herpes zoster, and neuritis located at other points are very promptly cured, generally within a week, when treated at the outset, by proper electrical methods. That the members of the profession who are treating these conditions are not conversant with effective methods of relieving this trouble is evident from the fact that alcoholic injections are ever resorted to.

There are few cases of neuritis that come under observation even some time after the outset that cannot be cured by methods which will not relapse, to ever lead to the employment of the method by alcoholic injections. It is the mechanical currents, particularly the static currents, which invariably cure these cases in the first days, that are indicated.—Journal of Advanced Therapentics.

SUPERIOR.

The choicest garb, the sweetest grace,
  Are oft to strangers shown;
The careless mien, the frowing face,
  Are given to our own.
We flatter those we scarcely know,
  We please the fleeting guest,
And deal fully many a thoughtless blow
  To those who love us best.

Digitized by Google

ABSTRACTS.

Diabetic Coma Cured by Intravenous Injections of Bi-Carbonate of Soda.

At a recent meeting of the Hospital Society of Paris (Abst. in Deutsch. Med. Woch. 49, 1911) Labbe and Carrie reported the case of a woman of 35 years with diabetic coma following diabetes of 10 years standing. They first gave 500 c.c. of a 3% solution of sodium bi-carbonate intravenously and 60 grms. by the mouth. The coma disappeared and the treatment (what part of it?) was continued for 5 days, and then stopped; whereupon coma reappeared. They then gave one litre of the sodium solution, intravenously, and 20 grms, per os. At this, a definite recovery from the coma ensued with no relapse after 5 months. The authors found only 8 such recoveries reported. The great thing is to begin the treatment early.

Gifford (Omaha).

Acute Indigestion As a Cause of Death.

The recent regrettable deaths of Rear Admiral Roberly D. Evans and Alfred Tennyson Dickens were reported to be due to acute indigestion. While an attack of acute gastritis might conceivably prove fatal to a man of late middle age, from exhaustion or shock, the cases of which we hear so much as carrying off men of advanced years are very frequently the gastritis of Bright's disease, which ushers in the fatal coma of that affection. The violent vomiting may kill in itself, or the patient sinks exhausted into unconsciousness which is prolonged till the fatal outcome of uremia. In default of an autopsy, which is not always permitted, a diagnosis of acute indigestion is the only one possible, for that of nephritis is not scientifically possible without an examination of the kidney, whatever may be the suspicions of the attending physician.—New York Medical Journal.

Primary Intussusception of the Appendix.

Inflammation involving the vermiform appendix presents a widely diversified clinical picture, and this is accounted for chiefly by the position of the appendix; its length; the direction of the distal extremity; the location of the early inflammatory process; the amount of leakage; the virulence of the sepsis; the resistance of the patient; the degree of development of the omentum; and the early steps taken in its treatment.

Digitized by Google

The writer encountered a pathological mass in the neighborhood of the caecum in one case so rare that its report may be interesting and useful.

Primary intussusception of the appendix with the base of the appendix entering the caecum without inversion has been met with by the writer but once. The patient being a physician forty-two years of age, complained of having had a good share of pain at intervals of some three or four years, and he was in the habit of taking rather liberal amounts of salines for his obstinate constipation.

The operation revealed an intangible looking mass about the caecum which upon being oriented, by liberating adhesions, revealed intussusception of the appendix to the degree which left about 1-3 of the appendix yet in the abdominal cavity, and it was possible to reduce the intussusception after further separating the adhesions and making a short incision into the caecum. The appendix was a large one, sharply inflammed, and after the removal, the hole in the caecum was closed in the usual way, the patient making a good recovery.

The clinical report is made chiefly because we believe that intussusception of the appendix usually means an inversion of that organ, and that this later form is secondary to intussusception of an adjacent coil of the bowel.

Allison (Omaha).

The Reaction of Cow's Milk.

From time immemorial it has been taught that cow's milk is acid in reaction and breast milk alkaline, and that it is advisable to add lime water to cow's milk in order to give it the proper alkalinity for infant feeding. But recent studies (Pediatrics, 1911, 127), have conclusively shown that:

(1) Breast milk and cow's milk are both acid; (2) the litmus paper test for milk is unreliable because of the variation in the quality of litmus paper, and the litmus taking part in the reaction and not acting as an indicator; (3) the effect of adding lime water or bicarbonate of sodium to feedings is to retard or inhibit the formation of curds by rennet; (4) the teaching that lime water, bicarbonate of sodium, or carbonate of potassium should be added to fresh milk or feedings simply because they are anti-acids is erroneous; (5) the addition to milk or feedings of alkalies or salts that become alkaline in solution is an empirical method of aiding digestion by preventing the formation of

Digitized by Google

dense curds that should slowly leave the stomach and be difficult of digestion in the intestine.

The opinion that breast milk is alkaline in reaction, and cow's milk is acid, and that alkalies should be given with cow's milk, in infant feeding, has been slowly changing, largely under the influence of the teachings of Dr. Henry Dwight Chapin who writes (Infant Feeding, Chapin, 1909, 70):

"It is often stated that cow's milk has an acid reaction when it leaves the cow or in its fresh state. Acidity of milk is never estimated directly, but by the use of some color indicator. Milk that is neutral to litmus is usually quite acid to phenolphthalien; but it is thought that this is not true acidity, but the effect of the salts and casein found in the milk. The acidity of milk that aids the action of rennet is true acidity and is shown by litmus. An interesting proof that the acidity of phenolphthalein is not true acidity has been shown by Babcock, Russell, Vivian and Hastings. They found that pepsin, which digests proteid only in the presence of acid, would not attack the proteids of milk that was acid to phenolphthalein until 0.2 per cent HCL was added, also that boiled milk would not coagulate with rennet; but it did so at once, as soon as acidified."

The Roentgen Treatment of Malignant Tumors.

(By Professor Stephane Leduc, Nantes, France, Archives of the Roetgen Ray—London, August 12, 1911.)

"The surgical ablation of malignant tumours, cancer, epithelioma, sarcoma, and the like, results in permanent cure only in exceptional cases. As a general rule, surgical interference is followed sooner or later by local recurrence and generalization of the disease."

"For some considerable time after this regional infection by malignant disease, the lymphatic glands are able to defend the organism against the general invasion of the disease. The glands here play a double role; they are both fortress and garrison, arresting the invasion, and defending the organism against the entrance of the pathological germs."

"If this idea is correct, the surgical ablation of the lymphatic glands in an early operation for cancer is much to be deprecated, since their destruction removes the only barrier to invasion and the only defense of the organism. After the operation, the lymphatic circulation is re-established but without its natural protection. Hence the dispersion of the disease germs will be much more rapid and the generalization much more ex-

Digitized by Google

tended. One cannot help suspecting that we should have heard less of the surgical removal of cancerous glands if the visceral generalization had been as seasily recognizable as is the local recurrence in the glands or scar."

"The action of the X-Ray on malignant growth is selective and specific. They attack the pathological tissue, and cause its disappearance, without affecting the normal tissue in which it is embedded."

"The introduction of Roentgen rays for the treatment of cancer resembles that of mereury for the cure of syphilis."

"I have convinced myself of this by the following evidence: On more than one occasion I have been able to follow the treatment of a series of cases of cancer under the care of most able surgeons.

"From a number of consecutive cases the surgeon has chosen those he considers most suitable for operation. while the less favourable cases have been submitted to radio-therapeutic treatment. I have observed that the results in the cases treated by radiotherapy has been much more favourable, and the time of the patients' survival has been much longer, in several cases as much as six years, as compared with six months after operation. At the present time I have under my notice a certain number of patients who had tumours of the breast which have entirely disappeared under radio-therapeutic treatment, and whose cure still remains perfect after five or six years."

"If surgical ablation is thought necessary, the radio-therapeutic treatment should be given before and not after the surgical interference." Why not before and after?

W. H. Mick (Omaha).

Prolapsus of the Uterus Complicating Pregnancy.

In the issue of December 30, 1911, of The Journal of The American Medical Association, Dr. Palmer Findley writes: Of the malpositions of the uterus, descensus is most often encountered. This applies as well to the early pregnant uterus in descensus of moderate degree. It is well known that a moderate degree of descensus uteri is not incompatible with pregnancy and with normal delivery, but complete prolapse of the gravid uterus is rarely seen and has never been observed at full term.

We seldom find prolapsus of the gravid uterus in a primipara. The displacement is usually the result of pregnancy, hence a condition common to multiparæ. As to the time of occur-

Digitized by Google

rence, we find in the majority of case-records that the procidentia was not manifest until one or more children were born; that there had pre-existed a descensus of the uterus to a greater or lesser degree, and that the descensus had increased in the subsequent pregnancy. In other words prolapsus uteri in pregnancy is but an exaggeration of a pre-existing condition of prolapsus of the uterus and vaginal walls and to the tissue changes resident in the uterus and its appendages. Where the cervix protrudes from the vulvar outlet, pregnancy will rarely supervene. In prolapsus of long standing the usual anatomic findings are eversion and erosion of the lips of the cervix, hypertrophy of the endometrium and uterine musculature and cystic degeneration of the ovaries.

Where the uterus is completely prolapsed, pregnancy is usually terminated spontaneously in the early weeks of gestation. Wimmer's case, which went to the sixth month, and Plasse's case, which was interrupted at the seventh month of gestation are notable exceptions to the rule that in extreme prolapsus abortion occurs in the first month of gestation as a result of circulatory and mechanical disturbances.

In the event of labor or abortion certain serious complications may ensue. Postabortive and puerperal infections occur in a relatively large proportion of cases because of the ineffectual emptying of the uterus and the occasional presence of ulcers of the cervix.

The elongated, rigid cervix offers a serious impediment to the progress of labor. We find labor prolonged by the resisting cervix and the enfeebled uterine musculature. It is no exception for labor to be prolonged two or three days and in some instances five to seven days. So great may be the resisting power of a rigid, elongated cervix that the lower uterine segment and body of the uterus may rupture spontaneously in labor and gangrene of the cervix is known to ensue. Not only does the resistance offered by the cervix prolong labor, but, if not relieved by incision, the lower uterine segment may stretch to the point of rupture.

Pregnancy with a moderate degree of prolapse, and in the absence of any considerable elongation and rigidity of the cervix, will usually proceed to term and delivery will be effected without serious embarrassment. If, in the early months of pregnancy, the patient complains of a bearing-down sensation and of bladder and rectal disturbances chargeable to the de-

Digitized by Google

scended uterus, a suitable pessary may be worn with safety, and removed at the end of the fourth month.

Where the labor is retarded by an elongated, rigid cervix the acknowledged method of procedure is to make a bilateral incision of the cervix (Duhrrsen) and to apply forceps or perform version.

When the prolapse of the gravid uterus exists to a degree that renders the patient uncomfortable or incapable of enduring the existing conditions, relief may be found in various ways. In prolapse of a moderate degree, the pessary, worn for the first four months of gestation, will usually afford the desired relief. Most authors advise against the performance of plastic operations on the pelvic floor during pregnancy because such operations are excessively bloody, the trauma of the operation is liable to induce abortion and the restored pelvic floor is almost certain to give way in a subsequent delivery. However, there are a number of successful cases on record in which the cervix has been amputated and the pelvic floor restored without interrupting the course of pregnancy.

The Blood Pressure Index of Eclampsia.

(By Harold C. Bailey, M. D., New York City, from Journal Surgery, Gynecology and Obsteterics.)

"The greatest danger confronting pregnant women is eclampsia. Concerning its origin and treatment little progress has been made and the death rate is still in the neighborhood of twenty-five per cent."

"Suddenness of onset in an apparently healthy woman is one of the characteristics of the disease and from time to time various clinical signs or symptoms have been heralded as indices to the pre-eclampsia condition. In about one-fourth of the cases there are present certain premonitory subjective signs which are indisputable, but the convulsions may follow in a few hours so that there is hardly time to adopt any preventive regime."

"For many years changes in the urine have been considered the earliest premonitory signs but the value of these changes have been greatly overestimated. Albumen and casts are almost always present in the pre-eclamptic stage and in the actual condition they are usually present in considerable amount and numbers, but numerous attacks occur while the albumen exists only as a trace, in fact scarcely more than might be considered the normal or physiological albuminuria of preg-

Digitized by Google

nancy. Indeed it is probable that the disease is an autotoxic condition produced or accompanied by degeneration of the liver cells and that the kidney lesion is only a secondary one. Seventy-five per cent of the cases show no abnormal urinary signs a short period after delivery."

"Percentage of urea as determined by the common clinical tests is of no value. When the amount of urine passed during twenty-four hours can be measured and the total nitrogen can be determined by chemical laboratory methods, distinct value can be assured. Further, if any definite value is to be given this index it must be determined every two or three days in the last month of pregnancy instead of weekly or fortnightly as the general custom is at present. The time necessary for such an elaborate series of tests would place the cost of this form of insurance so high that it would not be acceptable even to the very wealthy."

"Examinations of blood pressure in early toxaemia in our own cases and the cases of others were invariably low. Apparently toxic substances are circulating in the blood which have marked influence on the vomiting center, but with little action on the vasomoter apparatus either central or peripheral."

"In the developed toxaemia of the latter months there is usually present a blood pressure raising principle or else by hormone action or similar means the pressure raised to increase the natural resistance of the body. The fact that in the fulminant type of fatal toxaemia in the latter months the blood pressure is very low points more to the latter idea and also tends to more closely associate the early and late manifestations of poisoning that occur in these women."

"The treatment should be entirely concerned with eliminating and limiting the production of the poisons."

"With the elimination of the toxins the blood pressure falls and this may possibly be an indication of the extent to which the treatment should be pushed. Even if convulsions ensue there is no reason to direct efforts to the lowering of the blood pressure, for the chronic nephritic and the arteriosclerotic individual goes about with a relative amount of safety with a blood pressure of 200 mm. There is every reason to suppose that the resilient arteries of those comparatively young women are equally able to withstand such a blood pressure."

"The history of the disease shows that eclampsia rarely occurs as late as five days after delivery and that postpartum eclampsia is never as fatal as the antipartum or intrapartum conditions. The logical deduction is that the uterus should be

Digitized by Google

emptied in all cases RESISTANT TO ELIMINATIVE TREATMENT where the blood pressure is high and increasing."

"CONCLUSIONS."

"1. Average blood pressure in the last weeks of pregnancy is 118 mm. of Hg. Fluctuations amounting to 30 mm. of Hg. above this need cause no alarm.

2. Blood pressure over 150 should be thoroughly investigated at once.

3. Blood pressure in eclampsia with convulsions, though usually in the neighborhood of 200 mm. of Hg., may be as low as 155 mm.

4. Convulsions do not occur when the blood pressure is lowered by poor resistance as in the so called fulminant cases or when lowered by veratrum viride or other drugs producing collapse.

5. Treatment should be directed not toward reducing the blood pressure but to the treatment of the toxaemia for the rise of blood pressure may denote only the resistance of the system toward the toxins.

6. Tri-weekly blood pressure examinations combined with the regular urine examinations for albumen and casts offer the best safeguard against the unexpected presence of this disease."

Somers (Omaha).

Retention of Fetus in the Abdomen for Forty Years.

Weatherhead, in the British Medical Journal, reports a remarkable instance of a ruptured ectopic gestation with subsequent development of the fetus in the abdominal cavity. After false labor pains the patient resumed her general state of good health, and aside from one or two attacks of what was diagnosticated at the time as peritonitis she remained in good health until her seventy-ninth year, when she died of asthenia as a result of an obstinate diarrhea. At the autopsy there was found in the abdomen, attached to the posterior face of the uterus, a well developed set of membranes in which lay a very well preserved fetus of what seemed to be about eight months' development. It had undergone some calcification externally, while the general substance was of a peculiar waxy consistence, being possibly that rare substance, adipocere.

Digitized by Google

NOTES AND NEWS.

Dr. B. S. Peterson of Albion, Neb., has located in Omaha.

Dr. R. T. Jones has left Merna and located at Cotesfield, Neb.

Dr. Bias of Colon, has decided to remove to Cedar Bluffs, Neb.

Dr. J. H. Sears, Creighton College '10 has located in Oconto, Neb.

Dr. D. C. Stinson of Dakota City, Neb., has removed to Leeds, Iowa.

Dr. W. F. Boland of Alliance, Neb., has removed to Hemingford, Neb.

Dr. C. I. Krickbaum of Hampton, Neb., died at his home early in January.

Dr. J. M. Davey and Dr. O'Connell of Ponca, Neb., have formed a partnership.

Dr. D. W. Hershey, a pioneer physician of Nebraska City, Neb., died January 17.

Dr. Howard Cooper of Minden, Neb., died at Lowell, Neb., January 11 at the age of 84 years.

Dr. G. W. Pringle of Alma, Mich., is a new physician, recently located in College View, Neb.

Dr. H. Schemel of Hoskins, Neb., committed suicide by taking carbolic acid, early in February.

Dr. H. B. Landis, formerly of King City, Mo., has recenly ope.ed an office in Broken Bow, Neb.

Dr. J. S. Wilson of Crab Orchard, Neb., has moved back to Johnson, where he formerly practiced.

Dr. J. B. Anderson of Craig, Neb., has entered into partnership with Dr. W. H. Pruner of Kennard, Neb.

Dr. N. P. Hanson of Elk Creek, Neb., has removed to Brownville, Neb., where he will practice medicine.

Dr. Andrew J. Gillespie of St. Paul, Neb., died December 15th, from apoplexy, at the age of 72 years.

During 1911 there were 2145 physicians' deaths reported in the United States, a rate of 15.32 per 1,000.

Drs. F. C. Zoll and H. G. Hess of Wayne have formed a partnership and will practice medicine at Wayne.

Dr. Moranville of Red Cloud, Neb., is slowly recovering from a serious illness and will seek a warmer climate.

Dr. O. E. Longacre of Loup City, Neb., underwent an operation for appendicitis in Grand Island, Neb., recently.

Dr. H. L. Burrell of Omaha, has sold his home and departed for California, where he will reside in the future.

The Health Commissioner of Omaha reports less contagious diseases in the city this winter than for many years.

Dr. J. B. Cain, a pioneer Nebraska physician, died at his home in Omaha, January 25, at the age of 72 years.

Dr. A. W. Murphy of Holbrook, Neb., fell upon the stairs and injured his knee seriously the latter part of January.

Dr. S. J. Jones of Hastings, Neb., and Miss Georgiana Wright of Portland, Ore., were married in Omaha January 11.

Dr. Johnson of Neligh, Neb., has left for Michigan, hoping that a change of climate will benefit his wife's health.

Dr. A. B. Anderson of Pawnee City, Neb., has disposed of his practice to Dr. J. C. Waddell, and retired from practice.

Digitized by Google

A woman in Cheyenne, Wyo., is reported to have given birth to three children on three successive days, the early part of January.

Dr. Royal S. Stuckey of Maywood, Neb., and Miss Daisy Hudson of Farnam, Neb., were married New Year's Day, at Holdrege, Neb.

Dr. Francis Borglum of Lincoln, was operated on for appendicitis February 4th. It is reported that he will make a good recovery.

A new wing of the Wise Memorial Hospital of Omaha, has been completed and gives accomodation for thirty additional patients.

Drs. G. M. and Eliza B. Mills of Kearney, Neb., have retired from practice and disposed of their interest to Dr. Strong of Sterling, Colo.

A permit has been issued for the erection of St. John's Hospital, a five-story building on Euclid Avenue, St. Louis, Mo., to cost $300,000.

Dr. Herbert A. Munson of Omaha, was arrainged in police court, January 27th, on a charge of assaulting Dr. J. M. Aikin, last October.

Through the united efforts of the Broken Bow physicians a dwelling house has been leased and remodeled into a hospital with a capacity of ten beds.

Dr. Thos. C. Boler of Omaha, was considerably bruised about the shoulders and head in a collision between a taxicab and a street car, the first of February.

The pure food inspector of Denver, has required that all grocers doing business in the city shall keep under glass covers all food not otherwise properly protected.

Dr. Richard L. Ivins of Harrison, Neb., and Miss Eula Barton of Papillion, Neb., were married in Omaha, February 1st, they will make their home in Harrison.

An entire family of Central City, Neb., have become infected with trichinosis and one member of the family has died, as a result of eating poorly cooked pork sausage.

Dr. A. P. Condon of Omaha, has just recently opened a new modern, theroughly equipped hospital on Park Avenue and Howard streets, with accommodation for fifty patients.

Dr. C. H. Davies of Tecumseh, Neb., has recently been appointed surgeon for the Burlington lines at Tecumseh, he being the only successful candidate in about thirteen years.

Dr. L. M. Stearns of Kearney, Neb., has been appointed superintendent of the Nebraska State Tuberculosis Sanitarium in that city, which was opened to receive patients a short time ago.

An epidemic of Spinal-Meningitis has been raging in Texas for some time. A considerable number of deaths have been reported. Out of 300 cases reported, 50% have been fatal.

Dr. F. H. McCabe of Arapahoe, has disposed of his practice to Dr. E. A. Hudson of Holdrege. Dr. McCabe has formed a partnership with Dr. Kee of Cambridge, Neb., and will locate in that city.

Dr. J. N. McCormack of Bowling Green, Ky., has resigned from the Committee of Organization of the American Medical association, of which he has been chairman for the past eleven years.

The board of prison inspectors, in order to stop the spread of typhoid fever among the 1,400 prisoners in the New Jersey state penitentiary, Trenton, has ordered that every one of the convicts be vaccinated.

Dr. Darrow of Butte, Neb., has sold his practice to Dr. C. F. Hooper of Kansas City. Dr. Darrow will spend some time in post graduate work and then take up contract surgical practice on the western coast.

Digitized by Google

The National Medical Union of Great Britain has formed a plan to raise a fund of two and a half million dollars from which to make grants to physicians who refuse to treat beneficiaries under the new insurance law.

Dr. M. Stewart of Tecumseh, Neb., who has been spending a month on the Pacific Coast, visiting relatives and friends, sight seeing and recuperating after several years of hard work, has returned home and is again busy.

Dr. William H. Park, director of the Research Labratories of the Health department of the city of New York, was elected president of the Society of American Bacteriologists, at its recent annual meeting in Washington.

Professor V. Winckel, formerly director of the university gynecologic clinic at Munich, died at that place, January 1, aged 74. Some months ago he suffered an accident in falling from a chair and has been ill ever since.

Dr. Charles A. Bundsen of Denver, has been knighted in the Order of Vasa by King Gustaf of Sweden, in recognition of his work in connection with the establishment of the Swedish National Sanatorium for Consumptives, in Denver.

F. August Stohlmann, a veteran surgical instrument manufacturer, who entered the employment of the Tiemanns in 1841 and became a partner in the firm seven years later, died at his home in Brooklyn, December 17, aged 94.

The New York Academy of Medicine voted unanimously that a secret division of fee with any person was unworthy of a member of the medical profession, and should be counted as sufficient ground for the expulsion of the member.

Cable despatches from Paris announce that Madame Curie has been in a hospital since January 1st suffering from acute appendicitis. An operation was performed on Wednesday, January 3d, which was entirely successful, and a prompt recovery is expected.

The "balsam of Peru," so much used in medicine and surgery, comes from a tropical tree found in the republic of Salvador, which exports 130,000 pounds of the product yearly, half of which goes to Germany, nearly as much to the United States, with the small remainder to France.—Daily Consular and Trade Reports.

With the view of allaying the excitement that exists over the cerebrospinal meningitis situation, the State Board of Health of Texas has issued a statement to the effect that the disease has prevailed in different parts of the state for the past twelve months, and that for the eleven months ending November 30, 1911, there were 261 deaths reported. Since December 1st it is estimated that there have been about six hundred cases of cerebrospinal meningitis in the state, and the average death rate has been about 35 per cent. Dallas has been the centre of the epidemic, but the disease has spread to many smaller towns where the strictest quarantine is maintained.

Dr. W. A. Evans, ex-commissioner of health of Chicago, said that one-third of the people of Chicago died from what were termed "bad air" diseases; one-third died from infant diseases; while the remaining one-third died from all the other things combined. It was, therefore, evident that this was a field of work that should be cleared up. From an economic standpoint it was worth while, for there was nothing in dead or neglected babies. In some communities it was very difficult to get people to understand the importance of this work. In the state of Mississippi there lived an old man who had not been very well-to-do and he had a daughter named Sal, who always went barefooted. Once she was standing by the fire barefooted, as usual, and with her eyes shut. Here mother said: "Sal, Sal, you got one bare foot on a red hot coal." Sal replied: "Which foot ma?" This was similar to the attitude of the community toward the sick and dying child. He said that attitude should be changed.

Digitized by Google

SOCIETY MATTERS.

TO COUNTY MEDICAL SOCIETY SECRETARIES IN NEBRASKA.

I ask your active and persistent efforts to fulfill your part of the work necessary to a complete program for our State Association Meeting, at Lincoln, May 7, 8, 9, 1912. To this end I call your attention to the following sections from our State Association Constitution and By-Laws:

Page 19, Chapter X.

Section 1. An assessment of two dollars per capita on the membership of the component societies is hereby made the annual dues of this Association. The Secretary of each county society shall forward its assessment, together with its roster of all officers and members, list of delegates, and list of non-affiliated physicians of the county, to the Secretary of this Association thirty days in advance of each Annual Session.

Sec. 2. Any county society which fails to pay its assessment, or make the reports required, on or before the date above stated, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

You each have your professional duties and one County to round up and report. I have my professional duties with partial and complete reports from about 65 counties, plus much correspondence and not a little work with the National Secretary and correcting of data from Nebraska for the 1912 National Medical Directory. Help me all you can, pardon my mistakes, and we will have a splendid meeting at Lincoln.

JOSEPH M. AIKIN, Secretary.

DAWSON COUNTY SOCIETY MEETING.

The Dawson County Medical Society held their quarterly meeting at Gothenburg, on the evening of January 26th, with a fairly good attendance. Dr. Emmons of Overton, presented a case of brain tumor with microscopic sections of the same and will continue the discussion of the case at the next meeting. Dr. Tayman of Cozad, presented a brain case, showing pressure symptoms which was also very interesting. The election of officers for the ensuing year resulted as follows: President, Dr. E. C. Stevenson of Gothenburg; vice-president, Dr. Bartholomew, Gothenburg; secretary-treasurer, Dr. C. L. Emmons, Overton; censors, Drs. Fotchman, Tayman, and Sayer of Cozad. Delegate to state association, Dr. M. S. Moore of Gothenburg; alternate, Dr. J. H. Sayer, Cozad. The next meeting will be held the first Friday evening in April, in Cozad.

JOHNSON COUNTY MEDICAL SOCIETY MEETING.

The annual meeting of the Johnson County Medical Society was held in the Commercial club rooms, Tecumseh, on December 15, 1911. The attendance was good. A business session was held in the afternoon at which time the following officers were elected for the coming year: President, Dr. N. P. Hansen, Elk Creek; vice-president, Dr. T. E. Fairall, Tecumseh; secretary-treasurer, Dr. A. P. Fitzsimmons, Tecumseh; censor, three-year term, Dr. M. Stewart of Tecumseh.

Dr. C. H. Davies of Tecumseh, the retiring president, opened the evening session with an address on "Worry." He was followed by a talk on "Diagnosis and Treatment of Empyema," by Dr. J. E. Summers of Omaha, who kindly came to this city to address the meeting. Dr. C. D. Barnes of Tecumseh spoke on "Intestinal Antiseptics in Fever."

Following this session a banquet was enjoyed, and the members of the society entertained their wives and lady friends, as well as the Tecumseh dentists and their wives. The spread, a most tempting one, nicely prepared

Digitized by Google

and well served, was furnished by the domestic science faculty department of the Woman's Muncipal League.

Dr. M. Stewart of this city, was the toastmaster, and the following were the responses: "Surgery vs. Medicine," Dr. Summers; "Commercial Advantages Due the Medical Profession," Dr. Fitzsimmons; an original story, Dr. G. J. Rubelman of Tecumseh; "Specific Tinctures," Dr. F. N. Townley of Cook; "The Country Doctor," Dr. C. H. Ziegler of Vesta; "Medical Inspection of the School," Dr. C. W. Graff of Tecumseh.

SAUNDERS COUNTY MEDICAL SOCIETY.

The following officers for the year 1912, were elected at the annual meeting of the Saunders County Medical Society: President, Dr. Mary A. Quincy, Ashland; vice-president, Dr. A. E. Stewart, Cedar Bluffs; secretary, Dr. F. E. Way, Wahoo; treasurer, Dr. A. S. von Mansfelde, Ashland; censor, three years, Dr. J. F. Lauvetz, Wahoo; censor, two years, Dr. E. O. Weber, Wahoo. Delegate Dr. E. O. Weber introduced the following resolutions, which were unanimously adopted:

Be it Resolved, That we, The Saunders County Medical Society in annual meeting assembled, endorse the action of the last legislature, which passed a joint resolution providing for a non-partisan Board of Control for State Institutions, and submits the same to the voters of the state as a constitutional amendment, to be voted on at the April primaries, and the general election in November, 1912. And be it further resolved that we, as members of the Saunders County Medical Society, use all honorable means to have this amendment carried, and made a part of our State Consitution.

Be it Resolved, That we, The Sounders County Medical Society, in annual meeting assembled, endorse the action of the lase legislature, which passed a bill providing for the appropriation of one hundred thousand dollars, to be used for the erection of a building for higher scientific investigation in medicine. And further, we commend the action of the Governor in signing this bill, and condemn the action of any and all who have publicly or privately instituted any action seeking to overthrow this meritorious legislation.

And be it further resolved, that a copy of these resolutions be forwarded to the president and secretary of the state association, and to the Western Medical Review for publication. F. E. Way, Secretary.

MEDICAL SOCIETY OF THE MISSOURI VALLEY SEMI-ANNUAL MEETING AT COLFAX, IOWA, THURSDAY AND FRIDAY, MARCH 21, 22, 1912.

Headquarters: Hotel Colfax.

The spring meeting of this association promises to be a notable one, in point of scientific interest, as well as in the important feature of social intercourse. The headquarters and meeting-place, where we can all be under one roof, is no small factor in bringing about a most congenial and satisfactory condition of mind and body. Hotel Colfax is a well-managed high-class hostelry, where every want of its guests are anticipated.

Dr. T. D. Crothers, the well-known authority on inebriety, will present a timely paper on "The Relation of the Doctor to the Alcoholic Question."

Below we present the list of papers whose titles have been received up to the hour of going to press:

Symposium on Tuberculosis.

The role played by the Dispensary in the Care and Treatment of Tubercular Patients, J. H. Beck.

The Present Status of Tuberculosis in Iowa, J. W. Kime.

The Results of Koch's Tuberculin and Spengler's Immune Blood in the Treatment of Tuberculosis, D. G. Mendenhall.

Tuberculosis from the Standpoint of the Surgeon, Chas. Ryan.

Digitized by Google

The Economic Waste in Disability and Death Due to Preventable Disease, Rev. A. E. Kepford.

Symposium on Diseases of the Kidney.

Diagnosis of Diseases of the Kidney, R. R. Hollister.

Catheterization of the Ureters, Bransford Lewis and E. G. Mark (stereopticon slides.)

Hematuria of the Kidney, Jno. Summers.

Malformations of the Kidney, Daniel Eisendrath.

Tuberculosis of the Kidney, Lewis Wine Bremerman.

Surgical Kidney, A. C. Stokes.

Puerperal Thrombo-Phlebitis, Palmer Findley.

Incipient Neuroses and Psychoses, W. B. Kern.

Arthritis Deformans, Arthur Steindler.

The Early and Late Diagnosis of Gastric Carcinoma, Walter L. Bierring.

S. G. Burnett and A. L. Skoog will present a symposium on "The Transcendency of Migraine, Family Tree Illustrations" (stereopticon slides.)

The Prevention and Treatment of Deformities of the Chest (stereopticon slides), H. W. Orr.

Caesarean Section for Placenta Previa, Donald Macrae, Jr.

Physical Methods of Treatment in Gastric Disorders, J. C. Waterman.

The Importance of Mixed Feeding, H. M. McClanahan.

Title unannounced, Wm. Jepson.

Title unannounced, R. A. Weston.

Longevity, W. H. Waugh.

Medical Conditions in India, D. C. Bryant.

Typhoid Spine, with report of cases, W. O. Bridges.

Reservation of rooms at Hotel Colfax should be made at least three weeks in advance, to secure desirable accommodations, for while the hotel is very commodious, and ample room is promised all who attend, the choicest rooms will be assigned those who make early request. State whether you desire rooms with or without private bath, and how long you wish to remain. Many of our members are planning to take their ladies and remain over Sunday, thus affording time to visit the clinics in Des Moines, as well as to get better acquainted with one another. Write to Hotel Colfax direct, or to Dr. Granville N. Ryan, Chairman Arrangement Committee, Des Moines, Iowa.

INTERNATIONAL CONGRESS ON HYGIENE AND DEMOGRAPHY.

Washington, February 1.

Washington will become the Mecca for sanitarians from all parts of the world when the 15th International Congress on Hygiene and Domography meets here in September. Already assurances have been received by Dr. John S. Fulton, Secretary-General of the Congress, that representatives from twenty-four foreign countries and from practically every state and territory in the United States will be present.

Among the states which have not signified their official intention of being present are New York, Massachusetts, Pennsylvania and Ohio. Although invitations were sent to the Governors of these and all other states eleven months ago by the department of state at the request of President Taft, none of them has as yet taken any official action in the matter.

For the first time in its history of fifty years, the congress will be held on American soil. Arrangements for the preliminary work have been made under the direct authorization of President Taft, who is Honorary President of the Congress, and with the active cooperation of the State Department. Huntington Wilson, First Assistant Secretary of State, is chairman of the committee of organization. Dr. Henry P. Walcott is president of the Congress.

In connection with the Congress, and in buildings especially erected

Digitized by Google

for it in Potomac Park, the greatest exhibition on public health ever shown in America will be held. The exhibit, which will be composed of eleven groups, will seek to show what America has done in the prevention of disease and the promotion of health. Dr. Joseph W. Schereschewsky, of the United States Public Health and Marine Hospital Service, will be in charge of the exhibition.

During the Congress every effort will be made by the American Committee to show the foreign delegates how the United States has made possible the construction of the Panama Canal by establishing sanitary working conditions, and to assure them that after the canal is opened there will be no danger from the spread of disease from that quarter. A plan for securing uniform and comparable international vital statistics in which the United States is greatly lacking will also be presented. A concerted movement for better public health organization will be started. These and many other subjects will be discussed by the greatest experts in sanitation and public health in the world.

While the dates of the Congress itself are from September 23rd to 28th, the exhibition will open early in September and will continue until after the Congress.

VITAL STATISTICS.

Lincoln, Neb., Jan. 22, 1912

Editor Western Medical Review,
Omaha, Neb.

Dear Sir:

Thinking that your readers might be interested in information relative to the vital statistics of the state as collected and compiled by this depratment, I hereby hand you a summary of the same for publication. While it is conceded that the returns are not as complete as could be wished, yet in the main they are very gratifying when it is remembered that the state has not made any systematic effort along this line until comparatively recently, and when it is further remembered that more than half of the state is sparsely settled, making it much more difficult to obtain such reports. The department is pleased to note and acknowledge with thanks the efficient and loyal assistance and support accorded it by the large majority of physicians and undertakers of the state, the derelict and obdurate ones being a very small minority. Some physicians seem to labor under the delusion that they are being required to make the returns of births and deaths for the benefit of the state and hence should be compensated by the public for the same; I want to say for the benefit of such that primarily these returns are made for the benefit of the doctor's patrons, for it must be apparent that the obstetrician has not completed his services when officiating at a birth until he has made a legal record of that birth and the fee he charges his patron carries with it the completion of his services. The same holds good in the case of death, the physician not having completed his services until he has signed up the death certificate. In regard to the returns of marriages and divorces it may be interesting to know that the county judges and clerks of the district court comply with the law in this respect very promptly making full returns of the same without any quibble.

The classification of causes of death used in the past was an old one and rather unsatisfactory; hence the department has done away with it and for the future will use the International Classification for causes of death. Physicians are earnestly requested and urged to use more care and be more definite when assigning the causes of death on the death certificate. The disease causing the death should be given and not the symptoms or effects: for example do not give such causes as anemia, collapse, coma, dropsy, shock, etc., but when possible name the disease that have given rise to such conditions as that is the real cause of death.

The department has just adopted the standard birth certificate used

Digitized by Google

by the United States Census Bureau and it will be used in the future; and it is believed that all will agree that it is a great improvement over the old card system.

Hoping for continued and increased interest along these lines, I am,

Very respectfully,

W. H. WILSON.

SUMMARY REPORT OF THE VITAL STATISTICS OF NEBRASKA FOR 1911.

Total number of births	26,819
Total number of males	13,987
Total number of females	12,832
Total number of white children	26,750
Total number of colored children	69
Total number of twin births (sets)	293
Total number of male twins	313
Total number of female twins	273
Total number of white	582
Total number of colored	4
Total number of triplets (sets)	3
Total number of females	8
Total number of males	1

CAUSES OF DEATH.

Total number of deaths in state	11,499
Infantile Diseases	1,843
Pneumonia	1,258
Heart Disease	1,110
Old Age	944
Tuberculosis	544
Cancer	521
Nephritis	358
Apoplexy	356
Arterio Sclerosis	233
Peritonitis	223
Paresis	276
Accidents	222
Septicemia	214
Meningitis	188
Bright's Disease	179
Typhoid Fever	174
Bronchitis	153
Intestinal Obstruction	152
Suicide	142
Diabetes	130
Entero-Colitis	118
Lagrippe	101
Railroads	101
Appendicitis	100
Gastritis	98
Cirrhosis	85
Anemia	78
Childbirth	77
Brain Fever	68
Epilepsy	68
Diphtheria	67
Measles	63
Diseases of Liver	62
Dropsy	60
No Cause	83

Digitized by Google

Abscess	62
Sarcoma	58
Rheumatism	66
Acc. Burns	57
Acc. Poisons	53
Asthma	56
Erysipelas	54
Scarlet Fever	53
Firearms	48
Drowning	42
Whooping Cough	40
Operation	39
Alcoholism	36
Thrombus	36
Dysentery	30
By Animals	27
Ulcer Stomach	26
Insanity Paralysis	25
Hernia	22
Acc. Choking	21
Acc. of Pregnancy	19
Tumor	18
Tetanus	16
Pleurisy	17
Jaundice	15
Syphilis	14
Croup	14
Locomotor Ataxia	13
Goitre	10
Angina Pectoris	8
Lightning	8
Sunstroke	7
Homicide	6
Mental Alienation	5
Small-Pox	4
Leukemia	4
Aortic Aneurism	3
Acute Cystitis	2
Frozen	2
Hemorrhage	1
Landry's Disease	1
Acute Neurasthenia	1
Salpingitis	1
Anaesthesia	1
Malnutrition	1
Pulmonary Edema	1
Hodgkin's Disease	1
Cyst Pancreatitis	1
Emphysema	1
Ovarian Tumor	1
Purpura Haemorrhagica	1
Quinsy	1
Grave's Disease	1
Total deaths for year	11,499

Summary Report of Marriages and Divorces for 1910.

Total number of marriages	11,556
Total number of divorces	1,714

Digitized by Google

Causes of Divorce.

Cruelty	732
Desertion	465
Non-support	280
Adultery	129
Drunkenness	108

Length of Marriage.

Under two years	321
Between two years and five years	412
Between five years and ten years	461
Between ten years and twenty-five years	380
Between twenty-five years and forty years	119
Between forty years and forty-three years	3
Not given	18

A NEW USE FOR QUININE.

According to the newspapers, a new use has been discovered for quinine. It occurred to a certain housewife, that because quinine had benefited her husband, a sufferer from malaria, it might perhaps be good for a favorite hen which was ailing. Accordingly, she administered a two-grain pill, and before long was gratified to find her patient the liveliest Leghorn in the yard. The next day the hen not only laid her accustomed morning egg, but a second one in the afternoon; and since then, we are assured, she gets a quinine pill every morning, and regularly lays two eggs a day! And if you doubt it she can show you, as evidence, the empty box in which she kept the pills.

A GERMAN ALLEGORY.

On a recent trip to Germany, Doctor Harvey Wiley, the government's pure-food expert, heard an allegory with reference to the subject of food adulteration which, he contends, should cause Americans to congratulate themselves that things are so well ordered in this respect in the United States.

The German allegory was substantially as follows:

Four flies, which had made their way into a certain pantry, determined to have a feast.

One flew to the sugar and ate heartily; but soon died, for the sugar was full of white lead.

The second chose the flour as his diet, but he fared no better, for the flour was loaded with plaster of Paris.

The third sampled the syrup, but his six legs were presently raised in the air, for the syrup was colored with aniline dyes.

The fourth fly, seeing all his friends dead, determined to end his life also, and drank deeply of the fly-poison which he found in a convenient saucer.

He is still alive and in good health. That, too, was adulterated.—November Lippincott's.

The Chicago Evening Post records this dialogue: "Oh, doctor," sighed patient, "I am so glad you have come. I feel dreadful, and I don't know what in the world is the matter with me. My husband says it is nothing but nervous idigestion, but his mother is positive I am going to have appendicitis, and my mother declares I have intermittent fever, and my sister says it looks to her like creeping paralysis, and Aunt Henrietta says I've got malaria. What do you think I've got doctor?" "Well," frowns the physician, "from these symptoms I should say offhand that you have too many relatives."

Digitized by Google

BOOK REVIEWS

MANUAL OF THE DISEASE OF THE EYE

For Students and General Practitioners. By Charles H. May, M. D., New York. Seventh Edition, revised. With 362 Original Illustrations, including 22 Plates, with 62 Colored Figures. New York: William Wood & Company, 1911. Price $2.00 net.

This book is so well and favorably known that it would seem superflous to offer anew our recommendation of it as one of the very best manuals of diseases of the eye. Its popularity is attested by the demand for seven editions within a period of a few years, and many of the editions have had to be reprinted. The high character of the work is also attested by the fact that it has been printed in the German, Italian, French, Dutch, Spanish and Japanese languages. Even in England and in other European countries, as well as in Japan, the book has gone through two and sometimes three editions.

CASE HISTORIES IN NEUROLOGY,

A Selection of Histories Setting Forth the Diagnosis, Treatment and Post-Mortem Findings in Nervous Diseases, by E. W. Taylor, A. M., M. D., Instructor in Neurology, Harvard Medical School; Assistant Physician, Department Neurology, Massachusetts General Hospital; Visiting Neurologist, Long Island Hospital, Boston. W. M. Leonard, Publisher, Boston, 1911.

This is the fourth of the case history series which brings post graduate instruction to the desk of the busy physician.

Next to seeing the cases themselves this method certainly gives the most realistic picture possible of disease conditions. In the arrangement of text this book is exceptional. The nervous field is covered by a succession of well classified cases, making a compact work for ready reference.

It is divided into five sections, i. e., Peripheral Nerves; Spinal Cord; brains; conditions of vague, or undetermined pathological basis; and psychoneuroses.

Each section is preceded by a resume of diagnostic methods illustrated with diagrams and charts of neurone systems just sufficient to give a clear idea of the case descriptions following. The histories are stripped of all verbiage not necessary to concise yet simple description and each one stands out as an entity. The discussions on differential diagnosis and observations on pathology accompanying each case are plain talks full of the meat of common sense. A little attentive reading of this work will clear up many perplexing problems in nervous diagnosis and treatment for the general practitioner. It is really a revelation in the possibilities of readily intelligible descriptions in a field that is ordinarily almost a closed book to the family doctor.

DORLAND'S AMERICAN POCKET MEDICAL DICTIONARY

Edited by W. A. Newman Dorland, M. D., Editor "Dorland's American Illustrated Medical Dictonary." Seventh Edition. 12mo. of 610 pages. Philadelphia and London, W. B. Saunders Company, 1911. Flexible leather, gold edges, $1.00 net; thumb indexed, $1.25 net.

This useful little book is becoming very popular with a wide circle of friends and has established a definite place. The revised, enlarged edition, contains hundreds of words not found in works of its class. Terms in nursing, dentistry and veterinary medicine are included and the present edition will prove to be of far wider usefulness than any previous edition.

DISEASES OF THE STOMACH.

By Charles D. Aaron, Sc. D., M. D., Professor of Gastroenterology and Adjunct Professor of Dietetics in the Detroit College of Medicine; Professor of Diseases of the Stomach and Intestines in the Detroit Post-

Digitized by Google

Graduate School of Medicine, etc. Octavo, 555 pages, with 42 illustrations and 21 plates. Cloth, $4.75, net. Lea & Febiger, Philadelphia and New York, 1911.

This book serves the purpose of a practical tretise, it deals only superficially with etiology and pathology but covers at length the various forms of treatment. Special attention is given the use of antilytic serum and bacterial vaccines.

A chapter is denoted to the subject of analysis of the stomach contents and contains the tests best suited to diagnosis and treatment. The lack of an exhaustive amount of surgical technique is to be commended.

The neurologic element is given ample consideration and is dealt with in a very fitting manner. The book is concise and to the point and we believe well fitted for the use of the general practitioner.—E. G. Barnhardt, Omaha.

THE TREATMENT OF FRACTURES.

With Notes Upon a Few Common Dislocations. By Chas. L. Scudder, M. D., Surgeon to the Massachusetts General Hospital. Seventh Edition, Revised and Enlarged. Octavo Volume of 708 Pages, with 990 Original Illustrations. Philadelphia and London; W. B. Saunders Company, 1911. Polished Buckram, $6.00 net; Half Morrocco, $7.50 net.

One of the most comprehensive books it has ever been our pleasure to read.

The X-Ray photographs and their explanations are of great value to the average man in studying the Roentgenographs of his cases. Points of exceptional interest are: fractures of the skull, nasal bones and spine, damage of the musculospiral nerve, etc.

The book is one that no one dealing with injuries should be without. —E. G. Barnhardt, Omaha, Neb.

COLLECTED PAPERS.

Collected Papers by the Staff of St. Mary's Hospital, Mayo Clinic, Rochester, Minnesota, 1911. W. B. Saunders Company, Publishers, Philadelphia. Price, $5.50.

A review of this book falls very far short of usefulness by simply stating that it consists of a collection of fifty-five papers, by various authors, and on various subjects. Papers which have already appeared in the Medical Press, they nevertheless gain an additional and surpassing value in this book, because they testify, as nothing else could, to the successful work of this institution.

Emphasis upon the labors of the distinguished Chiefs of this Clinic is superfluous. A superficial perusal of the essays of their learned colaborators readily convinces one of their earnestness and thoroughness. But the key note of their usefulness is sounded by one of the writers himself, Charles H. Mayo, who in his own contribution: Diagnosis of Hyper-Thyroidism or Exophthalmic Goiter, says:

"The responsibility of the operator being great, the diagnosis of the condition, the accurate estimate of the stages of the disease, and the approximate condition of the gland and essential organs, must now be weighed with much more care than when the condition was considered purely medical and a death from it the "will of God."

Fourteen of the papers deal with diagnostic points, covering nature of the diseases as well as prognosis, as to gravity and results. This book, then, at once assumes the dignity of a textbook, in the limits of its contents. For the accomplished surgeon it becomes a measure of his own capacities and practices, but for him, who is just entering the ranks of the specialists in surgery, it becomes a standard for his abilities, let him read this book and then let him seriously inquire whether he has attained sufficient erudition to do the work before an operation, the operation itself and its post operative treatment, anywhere within the possibilities of

Digitized by Google

one man's capacity. The requirements are very great; if he doubts his ability to do fairly, what is done at the Mayo Clinic with such excellence by the many, then let him beware, else he profane the Deity and ascribe his many failures to the "Will of God."

The typography, the paper, the binding and especially the excellency of the many illustrations are typical of the pains taking labors of the publishers. The engravings of histological objects particularly, usually so very difficult of execution, are well done—and many of them are bits of art. —A. S. von Mansfelde, Ashland, Neb.

GREEN'S PATHOLOGY AND MORBID ANATOMY.

A Manual of Pathology and Morbid Anatomy. By T. Henry Green, M. D., F. R. C. P., Consulting Physician to the Charing-Cross Hospital, etc., London. Revised and enlarged by W. Cecil Bosanquet, M. A., M. D., F. R. C. P., Assistant Physician to the Charing-Cross Hospital, etc., London. Large 12mo, 642 pages, with 250 illustrations. Cloth, $4.50, net. Lea & Febiger, Publishers, Philadelphia and New York, 1911.

Green's Pathology is one of the perennial and rarely successful books. Just forty years have elapsed since its appearance in a thin volume, sufficient to present its subject at that period. Its singularly clear and attractive style, and the ability shown in reflecting the really essential knowledge, made it at once a favorite text-book, and eleven editions in Great Britain and twelve in America have been necessary to supply the demand. Thus at frequent intervals the opportunity recurred to effect revisions representing the revolutionary developments in this great field. This is true of the new edition, a goodly volume of 650 pages, and American students are again supplied with an admirable and compact text-book possessing all the characteristics that have made it famous. It is admirably illustrated.

A MANUAL OF CLINICAL DIAGNOSIS

By Means of Laboratory Methods. For Students, Hospitals Physicians and Practitioners. By Charles E. Simon, M. D., Professor of Clinical Pathology and Experimental Medicine in the College of Physicians and Surgeons, Baltimore. Seventh edition, enlarged and thoroughly revised. Octavo, 780 pages, with 168 engravings and 25 plates. Cloth, $5.00 net. Lea & Febiger, Philadelphia and New York, 1911.

The new edition of this standard work contains a strickingly original feature which will distinguish it from the host of books that have followed since it began almost as a pioneer. Hitherto the plan of all works in this field has been confined to the exposition of laboratory methods of diagnosis, the applications following incidentally and without systematic grouping. The development of exact methods has now reached a point justifying a new departure, which has long been in the author's mind, but which hitherto seemed to offer insuperable difficulties in exposition. He has found a solution of this problem, and now presents, in a wholly new section occupying nearly half of the work, the laboratory diagnosis of each disease, arranged under its name in alphabetical order, so that the reader desiring to compare a case with the diagnostic picture of a disease can at once find it given systematically and connectedly, instead of having to piece it out from scattered sections as heretofore. The ease of thus utilizing precise methods is obvious. The previous edition, consisting entirely of methods, has been thoroughly revised and condensed into the first section of this new edition, so that the physician and student now have at command in a single volume the whole subject ideally completed. The two parts are cross-indexed, so that the reader can use the book in either direction, whether he desires to proceed from methods to their application, or from the diagnostic pictures to the methods of making the various tests. This new edition therefore bridges for the student the hiatus between the laboratory and the bedside, and it serves the physician equally well in stepping in the opposite direction, from his actual cases to the methods of accurate diagnosis.

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00 The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

Dr. A. G. HAMILTON, Thermopolis, President DR. W. H. ROBERTS, Cheyenne, Secretary
DR. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. H., Rock Springs.

Vol. XVII. CHEYENNE, WYO., MARCH, 1912. No. 3

ORIGINAL ARTICLES.

President's Address.

*By N. D. NELSON, M. D., Shoshoni, Wyo.

Were it not for the motive of duty and gratitude which I owe to this society, I would be tempted, like the school boy, to play truant to save myself the responsibility of delivering the annual address which custom has established as a duty on the president of a state medical society. I can modestly voice the sentiment of Antony in Julius Caesar: "I have neither wit nor words nor worth, action nor utterance, nor the power of speech to stir men's blood, I only speak right on."

Being one of the younger members of the medical profession in the state; having acquired my collegiate education at the Wyoming State University; having been reared and developed into manhood in this our commonwealth of Wyoming I, perhaps, can feel more deeply than any of my worthy predecessors, and appreciate more keenly the high honor of being elected president of the Wyoming State Medical society.

I came to Wyoming in my early teens and have grown up with the country; have been a student, teacher, and a physician in this state; hence I feel that I belong to Wyoming.

By being elected to the highest office in our society you

*Delivered before the Wyoming State Medical Society, at Casper, September 28, 1911.

Digitized by Google

have not only conferred a favor on me personally, but you have displayed a patriotism and loyalty to this state, and particularly to my first Alma Mater, the University of Wyoming, faithful mother, to whom every alumnus looks back with love and gratitude in his heart for that kindly care as he journeyed from youth to manhood.

The theme of the president's address for this occasion should be of such a nature as to open a field of thought accompanied with suggestions or recommendations that might prove of some value to the individual physician as well as to the society.

The road a physician has to travel during his active professional career is far from being well paved, without obstacles, or strewn with roses. As a matter of fact it is often rough and uneven. His mind and body are frequently taxed to the utmost. Worn and weary from administering to the relief of his patients, often being the subject of keen tension for hours, yes, for days and nights while in constant attendance on a patient or patients who are hovering between life and death, exercising all his resources mental and physical to save his patient; and perhaps in the midst of it all having to contend with the gratuitous advice, unjust criticism, and discourtesy of a knowing clientele, and sometimes disregard for Medical Ethics by a fellow practitioner, his body and soul long for solace and repose.

It shall be my endeavor in this address to point out briefly a few rules in ethics which, to my mind, would make the professional as well as the social life of the physician brighter, better, and consequently happier.

To the well established city physician who enjoys a practice in a field where the machinery of medical organization has been properly adjusted and thoroughly tested, the subject of medical ethics may seem of minor importance; but to physicians in frontier towns where the younger men go to make their start it means a great deal.

We not infrequently have to contend with discourtesy among physicians; some who have very little regard for modesty, honor, and truth, and who would not hesitate to deviate from the straight path of medical ethics or stoop to underhanded means in reaching their goal. But unethical physicians often survive, prosper, reach a prominent position in their communities at the expense of their conscientious, modest, and ethical colleagues. The doctrine of the "Survival of the Fittest" does not always hold true in the medical profession, for

Digitized by Google

it is often the quack, the unethical and the dishonest man who prospers. In fact more frequently do we find that such a one meets with success, accumulates wealth far more easily, and in the opinion of the laity is regarded as the best physician in the land.

If the "Golden Rule"—"Do unto others as you would have others do unto you," was practiced by the laity in their relations with the physician, or by the physicians in their regard for each other, the physician's life would certainly be more pleasant than it is.

It is true that many a physician is too prone to worry over the discourteous conduct of the laity in their disregard for the profession, by their ingratitude, misrepresentation and calumny; yet, when he has given time and his skill, has put himself to the expense of drugs, surgical dressings, livery hire, etc.; has sacrificed his needed rest and has accomplished good results, for compensation he receives nothing but ungratefulness. This experience is almost enough to make one curse himself for choosing the practice of medicine as his vocation, for the physician's bill is the last one to be paid and the hardest to collect.

This unpleasant experience of the physician with the laity can, however, be easily borne if medical ethics between physicians themselves is observed.

The motives which prompt a physician to violate the established rules of ethics are varied. He may perhaps have a hard struggle for existence, be financially embarrassed, and in order to better his condition may resort to stealing his colleagues' patients from him by making detrimental remarks (direct or indirect) which tend to detract from his colleagues' trustworthiness; advertising his treatment and going out of his way to be particularly agreeable to patients or families who employ some other physicians; and he may persistently continue to do so until he has secured their patronage. He will take special pains to make himself conspicuous on the streets or in public gatherings, put on airs, and completely ignore modesty.

We might sympathize to a certain degree with the physician who resorts to these means while he is getting out of this strenuous struggle a mere livelihood, but there is another method far more dishonorable than those mentioned, and that is the desire for empty social honor and prominence. A person so inclined will make a grand outward display, make believe that he has an enormous practice, boast of his wonderful cures, while if the truth were known he is but of ordinary

Digitized by Google

ability and perhaps is inferior to the average physician. The laity is always ready to "swallow" this kind of talk, marvel over alleged professional standing, and admire seeming greatness. I admit that there are factors besides those of scientific or professional ability that are legitimate or ethical, which stand as an adjunct to a physician's success; such as courtesy, affability, neatness, cleanliness, morality, temperance, and honesty; but these latter virtues are often very little appreciated on the frontier where we so often find our patrons are of inferior moral and intellectual standing.

It consequently falls to the lot of the physician to educate the public. To accomplish this he needs the co-operation of his fellow-practitioners. Unity and concord are absolutely necessary, as much so as in the system of teaching pupils in the graded schools. The sooner the physicians in a community come to realize that by considering each others welfare they further their own interests and correspondingly prosper, the better it is for them.

The physicians in a town, county, district or state, should by all means organize themselves in such a way as to make themselves useful to each other so as to better their mutual, professional, social, and financial positions. No man who prefers to stand alone, who ignores the opinions of his colleagues, can ever become a useful and great man. In unity there is strength, and in wide-awake organizations there is enlightenment and progress.

At the present stage of civilization we find a tendency towards organization in all lines of business or enterprise for the general betterment of conditions. We also notice and must acknowledge that great strides have been made and that marked improvements have resulted. No man standing alone on his own resources can accomplish what an organization can. Therefore I will say—let the physicians fall in line, and by combined effort bring their individual as well as mutual standing to a higher level.

To my mind there is no vocation or business on earth where this factor plays a more important part than in the medical profession. The most sacred and wonderful thing on earth is human life and to the physician is entrusted the keeping watch and care of it. The physician's duties are the most responsible, the most serious, and the most noble of all duties given to a human being to discharge. Let us therefore be mindful of the high character of our mission, and unite heartily, sincerely, and conscientiously to elevate the standard of the profession, both

Digitized by Google

in the art as well as in ethics, that the individual physician and the county, district, and state societies may prosper and be the means of doing good, helping each other over difficulties and do our best in fulfilling our noble and sacred trust.

Rickets.

J. W. Cockenower, Des Moines, Ia. (Journal A. M. A., November 4), says that rickets is a disease of defective nutrition from mal-assimilation, augmented by the absence of sunshine and fresh air. The scrutinizing diagnostician will readily see that it is much more common than is usually supposed, especially in the crowded, unhygienic quarters of large cities. The bone changes are specially noticeable, most frequently about the age of 6 months, and the age limit of the disease is usually between 6 months and 3 years. But before the osseous changes occur or are very marked some other symptoms may appear, gastro-intestinal disorders, night sweats, debility, fever, rapid dentition and decay, enlarged abdomen, as well as large head and large and tender epiphyses. All of these may not be present, but enough to recognize the condition and start early treatment. This should be constitutional in the fullest sense, with dietetic and hygienic measures as well as mechanical and operative ones. Medicines are of less importance than food, sunlight and fresh air, but iron, arsenic, phosphorus, etc., are often of advantage. During the stage of bone softening, weight bearing on the tender bones, spine or limbs should be avoided and the child kept on its back until the condition can be tided over. Frequently the case is seen too late for this, but prompt orthopedic treatment may still be available.

THAT OLD "OAKEN BUCKET."

The old oaken bucket,
The iron-bound bucket,
The moss-covered bucket,
  Don't hang in the well.
The doctors discussed it,
Health officers cussed it,
And threw the germ-crusted
  Old bucket to—well—
At any rate, the old song's dead;
We use a sanitary cup instead.

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Nebr. Per Annum, $2.00 The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. JONAS, M. D., President
F. E. COULTER, M. D., Vice-Pres't
H. L. AKIN, M. D., Sec.-Treas.
H. L. BURRELL, M. D.
H. GIFFORD, M. D.

A. L. MUIRHEAD, M. D., Editor.

O. O. MORISON, M. D., Associate Editor

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H. L.
Allison, C. C.
Akin, H. L.
Bryant, D. C.
Bridges, W. O.
Burrell, H. L.
Crummer, LeRoy.
Coulter, F. E.
Condon, A. P.
Coslin, F. M.
Crowley, C. F.
Christie, B. W.
Davis, B. B.
Dunn, A. D.
Foote, J. S.
Gifford, H.
Henry, W. O.
Henry, E. C.
Hollister, R. R.
Long, F. A.
Hamilton, H. P.
Jonas, A. F.
Lake, F. W.
Lemere, H. B.
Milroy, W. F.
Moore, R. C.
Moriarty, Pierre C.
McClanahan, H. M.
Owen, F. S.
Madison.
Pollard, C. W.
Rich, C. O.
Rix, R.
Stokes, A. C.
Somers, A. B.
Schalek, Alfred.
Sumney, H. C.
Towne, S. R.

Anderson, A. B., Pawnee City
Arts, C. V. Hastings.
Coats, A. J., Fairbury.
Dayton, W. L., Lincoln.
Everett, M. H., Lincoln.
Hilton, D. C., Lincoln.
Hildreth, M. L., Lyons.
Von Mansfelde, A. S., Ashland
McConaughy, R., York.
McDonald, R. C., Fremont.
McKinnon, A. I., Lincoln.
Mitchell, A. R., Lincoln.
Orr, H. Winnett, Lincoln.
Poynter, C. W. M., Lincoln.
Sward, E. J. C., Lincoln.
Hopkins, S. R., Hastings
Pickett, I. N., Odell.
Quigley, D. T., North Platte.
Rork, L. W., Oxford.
Talbot, W. E., Broken Bow.
Wilson, W. H., Lincoln.

Vol. XVII. OMAHA, NEB., APRIL, 1912. No. 4

A Word From President Nesbit.

Every member of our State Medical association is entitled to the privilege of helping swell the numbers of our membership and in increasing the usefulness and efficiency of our organization. Let us, each one, put in his best licks from now till our next annual meeting in May. "In union there is strength; in organiaztion there is perfection."

To non-members: We want you. You need us. You need our organization, our influence and association.

NESBIT.

Tekamah, Neb., March 14, 1912.

Digitized by Google

The Making of a Physician.

A good physician cannot be made from poor material any more than a whistle can be made from the tail of a pig. The raw material should possess certain essential qualities to insure success and one of the frequent causes of failure is lack of the physical, mental or moral qualities necessary.

The physical qualifications are no less important than the mental and moral, but are too frequently overlooked. The possession of good health is as essential to a physician as to any other individual. The services required, especially in general practice, are such as test the endurance of even the most robust. Th varying character of professional duties, the loss of sleep, and irregularity of meals are only a small part of the physical difficulties the physician has to contend with. Frequent and intimate contact with infectious diseases and unsanitary conditions exposes him to greater danger than anyone else, even the nurse not excepted, for the nurse has only one patient at a time. The pressing necessity for rapid transit is another element of danger which has been considerably increased by the advent of the automobile in recent years.

Not only should the physician possess good general health, but a fairly normal condition of the special senses is also a necessity. The senses of sight, hearing and touch are essential to the proper investigation of abnormal conditions of the patient and are also of value in giving timely warning of danger.

The possession of a good memory is not the only or even the most important mental requirement. Success in the practice of medicine requires well developed powers of reasoning and arriving at correct conclusions. Rational therapeutics is the result of correct reasoning from accurate information, while empiricism is the result of mere memorizing in acquiring medical knowledge.

Good judgment, known also as common sense, is another important qualification. It means the ability to distinguish between the trivial and the important, between the incidental and the essential in matters pertaining to injury or disease. The man lacking good judgment will treat symptoms apparent in a

Digitized by Google

given case, the man possessing it will find and treat the underlying cause.

Perhaps the most essential of all qualifications is that of thoroughness and it is one very frequently lacking. The majority of medical students have more desire "to pass" than to master the various branches of the medical curriculum, and later on as physicians, they have more ambition to treat or operate cases and collect fees than to permanently benefit their patients.

A very large percentage of physicians fail to achieve lasting success for want of the essential moral qualities. Moral shipwrecks are altogether too common among medical men. The temptations which always assail a young man on leaving the home atmosphere and those peculiar to a medical college, require firm moral stamina to enable a young man to maintain his moral integrity. Later on the temptations and vicissitudes incidental to medical practice require still greater moral firmness and wholesomeness to avoid the many pitfalls. It is sad, but doubtless true, than sanatoria for the treatment of drug addictions have more medical men as patients (in proportion to the number in that profession), than any other class. The cause is not want of knowledge of the danger of drug addiction but want of moral strength and conviction.

Simple honesty, is another important quality essential to true success and too often lightly esteemed. The student who cribs or cheats in recitations and examinations will likely make use of questionable or dishonest methods for self advencement when he becomes a physician. He will misrepresent the condition of his patient to secure a larger fee; he will operate or recommend operation whenever consent can be secured, regardless of pathology or ultimate consequences, and, as for fee splitting, he will consider it a sacred right whether he be the splitter or splittee.

Sympathy and tact are two qualities, whether mental or moral, which have much to do with professional success in medicine. Many a man of broad sympathy and ready tact has succeeded where another of far greater technical skill, but lacking

Digitized by Google

these qualities, has failed. Every case of illness presents two aspects, the medical and the human, and one is about as important as the other. Any physician who becomes so technical that he loses sight of his patient's humanity falls short of a true ideal. Sympathy and tact will frequently secure the co-operation of a patient and his relatives that could not be secured by any other means and which is so important in family practice.

After having selected the proper material for the making of a physician, what is the next step? How much preliminary education shall be required before taking up the actual study of the medical branches? I believe our present standards have a wrong unit of measurement. The element of time is given altogether too much prominence. A blockhead may put in four years in high-school and two or more years in college without much real mental development while another man, lacking these educational privileges, may, by earnest personal effort, arrive at greater mental growth while otherwise employed. Mental development however attained should be the real standard of qualification. The ability to grasp and assimilate scientific facts and the power of continued concentration of the attention are of more importance than any amount of routine stuffing. Mere physical presence at an institution of learning does not always result in mental growth. The self-taught man who has acquired the power of concentration by persistent effort is more fitted to take up the study of medicine than the college graduate or undergraduate who cannot concentrate his attention for over ten minutes without stopping to roll a cigarette, and yet he does not have even an equal standing.

A method of evaluating mental development must and can be found. College entrance examining boards, with a high regard for and keen discernment of mental manturity rather than mere memory capacity should administer and adjust our matriculation requirements. I am not objecting to high entrance requirements; on the contrary I believe that in many cases they are not high enough. Our medical degrees are not recognized by any country on earth, not even Cuba. This condition should be overcome by bringing our preliminary requirements up to

Digitized by Google

those of England and Germany and adding, if necessary, one more year to the medical course proper; this extra year being chiefly clinical, in hospitals or under trained clinical teachers.

Having entered a medical college, what course should be taken to fit the student for his future professional career? Upon the foundation already laid shall he build an extensive structure of thin veneer or a smaller edifice of more solid material? Shall he acquire a smattering of all the sciences related to medican; of all the theories pertaining to the medical sciences, and of all the specialties represented by the members of his college faculty; or shall he employ the limited time at his disposal in gaining a thorough knowledge of the essentials of the art of medicine and leave the theories, specialties and non-essentials to a later period of enforced leisure? I fear too much veneer is being employed in medical, as well as other kinds of education, and not enough solid masonry. The medical teacher often seems to lose sight of the ultimate object in the making of a physician and strives to impress the student with the idea that his special subject, whatever it may be, is the all important one. We are trying to do too much, in the space of four years, for the capacity of the average student. The exceptional student can accomplish the task satisfactorily, the backward one will fail, but the average student passes his examinations under stress and afterwards wonders how he ever did it. If the course of study outlined in the catalogues of most of our medical colleges is to be strictly adhered to and is essential for an ordinary medical education, then the length of time required should be increased.

Many of our recent graduates in medicine are attempting to pose as specialists in various lines when they should be completing their studies along general lines. One of the evils of medical practice today is the large crop of unripe specialists that is offered to the public, and for this our medical schools are to some extent responsible.

Although in recent years marked improvement has been made in methods of medical instruction, yet many schools need further changes in methods. Less didactic and more labora-

Digitized by Google

tory and clinical teaching is needed. Mere abstract knowledge, without the skill to apply it, is of little value. The world today is looking for men who can do things nor for men who know. This is one reason why the brilliant student does not often make the most successful physician.

Laboratory work is of value for the training it gives in manual dexterity, accurate observation and correct deduction as well as for the actual facts which it demonstrates. Clinical teaching is the only method of applying the lessons learned in other departments. All the work of the medical course should focus upon the clinic. Not the general amphitheater clinic, where the student merely furnishes the background of the picture, and, at a distance, sees the great surgeon do something he cannot tell what and hears him describe conditions he cannot comprehend, but the bedside clinic where the student comes in actual personal contact with the sick or injured and has an opportunity to do, under proper guidance, the things he must do as a physician later on. The hospital wards and the dispensary clinics offer the best opportunities for true clinical teaching, but being less spectacular than the general clinic they are often underestimated and neglected.

In conclusion I would add that the influence of the personal example of the teacher upon the professional and moral character of the student can hardly be overestimated. This is especially true of clinical professors, and the whole professional career of many a man has been made or marred by the example of some teacher whom he much admired and in whose footsteps he endeavored to tread.

Present Status in the Diagnosis and Treatment of Syphilis.

We all admit great strides have been made in the past few years in determining the etiology, diagnosis and treatment of syphilis, all of which has been of great importance to the neurologist because of the fact that about one out of every seven cases infected develops, sooner or later, some lesion of the nervous system. A paper upon this subject by Major French appeared in the November Lancet, an abstract of

Digitized by Google

which follows, and the gist of which is that we have not departed so far as at first might seem apparent from our former teachings.

In the early diagnosis of syphilis the writer, who has had the opportunity of seeing and following up cases in the army in a way which is almost impossible in civil life, lays great stress upon the value of Hunter's original criteria—the induration of the primary chancre and discrete enlargement of the neighboring lymphatic glands. Some cases, of course, present difficulties, but in a great majority of cases these two features are present, often when other tests are negative or inconclusive. Demonstration of the treponema pallida is obviously sure proof, but in how many cases of undoubted syphilis can it not be found, even by trained observers? The Wasserman reaction, also, has drawbacks as an aid to diagnosis in the early stage, since it may be negative, even when obvious constitutional manifestations are present, and positive in non-syphilitic conditions. When induration in the primary sore and discrete enlargement of the lymphatic glands are present the writer considers anti-syphilitic treatment justified; in the few cases where these two signs are absent wait for more definite evidence. Without decrying the merits of salvarsan in certain phases of syphilis, the writer considers that its claim to abort syphilis is very far from having been substantiated—it expedites healing of the lesions, but he considers that when used it should always be rapidly followed up with mercury as the real curative agent. The effects of salvarsan may be brilliant, but they are too often only temporary, judging by clinical reports and the evidence of the Wassermann reaction."

In support of the above observations many like reports may be cited. It is apparent that the pendulum is beginning to swing the other way and the wisdom and practicability of the writer of the above paper is evident.

COULTER (Omaha).

Pruritus Ani.

True pruritus ani, that is, such which is not caused by

Digitized by Google

local troubles, like intestinal worms, fissures, ulcers, etc., is a very baffling disease, resistant to all known treatment and making life miserable for the sufferers. The skin is thickened in folds, macerated and pale. The itching is usually worse when the patient retires for the night. It is in such conditions that any new ideas which may lead to the knowledge of their nature and thereby to their relief, are very welcome. D. H. Murray, Syracuse, N. Y., started some original work on pruritus ani from an entirely new point of view and his conclusions from his report on nineteen cases appear very plausible. He made cultures of every case of pruritus ani which presented itself and found that the only bacteria which were steadily present in large numbers were the streptococci. Control cases of other rectal diseases showed streptococci exceptionally and then only in small numbers. It was also found that in every case of pruritus ani the opsonic index for streptococci was low, while high for other organisms. Autogenous vaccines were made and used and in all cases the opsonins were considerably increased and the patients materially improved or even cured entirely. Murray comes to the conclusion that pruritus ani is caused by or associated with one of the streptococci groups. Whether the infection occurs because the opsonins for streptococci are low or whether the opsonins are lessened because of the invading organism is not yet known. A vaccine made from the culture of the offending germ offers a good hope of cure.

ALFRED SCHALEK (Omaha).

INFECTION.

A baby smiled in its mother's face;
The mother caught it, and gave it then
To the baby's father—serious case—
Who carried it out to the other men;
And every one of them straight away,
Scattering sunshine thro' the day.

"Cook, did you stay long in your last place?"

"I never stays nowhere long enough to be discharged. I's one of these here fireless cookers."

Digitized by Google

ORIGINAL ARTICLES.

Some Experiences With Thrombosis of the Lateral Sinus From Otitis Media.

*By H. GIFFORD, M. D., Omaha.

Nowadays every medical student receives some instruction on the subject of sinus thrombosis, and is warned to be on the lookout for its symptoms, but those of you who graduated much before 1895 have had to pick up your knowledge of the subject from experience and post-graduate study, and it may not be out of place briefly to touch on its most important features. The complication is one which may occur in any case of suppurative otitis media and it generally shows itself by a sudden rise of temperature, once or less commonly twice a day, to a height of 103 to 106, falling soon to nearly normal. Chilly sensations or a pronounced chill and sweat are frequent accompaniments or precursors of the fever, and it is generally preceded by more or less pronounced symptoms of mastoiditis. Headache, vomiting, optic neuritis, hyper leucocytosis may, any or all of them, occur. Where the condition goes unrelieved the general picture of sepsis may develop with emaciation, delirium and the occurrence of metastasis in lungs, joints or muscles. Death may occur from the general sepsis, from pneumonia or from meningitis or brain abscess, caused by an extension of the infection through the inner wall of the sinus. Atypical cases, without much rise of temperature, occur rarely, and in some cases a spontaneous cure with obliteration of the sinus occurs.

The treatment, in brief, should consist in first doing a thorough mastoid operation, and if enough pus is found close to the sinus to suggest that the temperature may be due to absorption of toxins without real infection, it is well to wait and see if this alone will not relieve all the symptoms. But if these persist the sinus should be explored and opened; with or without the ligation of the internal jugular. Since I began to learn something of sinus thrombosis in the early nineties, I have operated for it in fifteen cases and of these, five have occurred within the last five months. Part of this sudden increase in my sinus material undoubtedly is due to a greater alertness for the symptoms on my part, with operations perhaps in some cases which might have gotten well with the mastoid operation alone. Greater familiarity with the technic naturally and rightly leads one to prefer

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911

Digitized by Google

operating on some cases unnecessarily, rather than to let some die unnecessarily. In my first case, although I opened a cerebellar abscess, I never really understood the pathology until the patient died of septic pneumonia, and I held a post-mortem. This patient was treated by an excellent physician of the old school for malaria, for two weeks before I saw him. Of my first ten patients with sinus thrombosis, five died; one of septic pneumonia, one of heart failure from general exhaustion and three of meningitis. Of my last five patients one died of septic pneumonia, one is well, two are convalescent and one is at present just about out of danger.

Regarding the ligation of the jugular, while the great majority of operators recommend it as almost a routine measure, a few men still claim that it is unnecessary. My own opinion is that in many of the cases in which it is commonly done it is unnecessary. I refer to the cases where the vessel is entirely occluded, so that the infected portion can be widely opened and free drainage from it can be maintained into the mastoid wound. On the other hand, in the cases of incomplete closure, the "wall-standing" thrombus of the Germans, the danger of infective matter being carried to the lungs is much greater, in some of these cases, the ligation is a life-saver. My recent cases afford two excellent illustrations of this principle. In one of these the wall of the sinus was plainly infected, but the lumen was patent throughout. In spite of very thorough mastoid work the temperature kept going to 104 and 105 and the general condition got rapidly worse. Dr. Summers tied the jugular vein for me, and the patient got well at once, the temperature never going above 102 thereafter, and that only once on the next day. The other patient had a temperature of 103 the second day after she came to me, and as on opening the mastoid I found a large cell full of pus close to the sinus, I did not expose the latter. Six hours later she complained of pain in the chest and had a fever of 106. I then exposed the sinus thoroughly, but found it apparently perfectly normal and patent. Pneumonia rapidly developed and she died from it with temperature 107, less than forty-eight hours after the first operation. But for the post-mortem I should have always been inclined to think that the pneumonia was a manifestation of the grip and had nothing to do with the ear; but the section showed a small septic thrombus on the outer wall of the upper part of the sinus. Here nothing could possibly have saved the patient except the ligation of the jugular when she showed her first rise of temperature, but I doubt if anyone would have thought it justifiable at that time.

Digitized by Google

Another recent case well illustrates some of the difficulties in the diagnosis. A girl of three years had extensive suppuration of both mastoids. I operated on them and the case did well for a few days; then the temperature rose suddenly to 103, causing me considerable anxiety. The next day she broke out with measles and after two days temperature was about normal. Then a sudden rise to 104 occurred, with a leucocytosis of 35,000. The most careful examination of the lungs and bowels by one of our best clinicians failed to reveal any cause for the fever, so in spite of the fact that the fever was sustained and not pyaemic I thought best to expose both sinuses thoroughly, I did this and found them normal. The next day a pneumonia became manifest and ran a typical course, the mastoids giving no further trouble.

In conclusion let me remind you that while the pyaemic temperature curve is the first thing that one thinks of in connection with sinus thrombosis, it should not be forgotten that this is sometimes wanting. A number of cases have been reported, in which the disease ran its course with very little fever. In one of my own cases I failed to make the proper diagnosis until it was too late, because the temperature ranged from 100 to 101, never going beyond 102, and that on only one day out of three weeks.

DISCUSSIONS.

Dr. J. E. Summers, Omaha:

I asked Dr. Gifford if this skull was the patient and he said, "No, it is the specimen."

I have tied the jugular vein in a number of cases and several times for Dr. Gifford. In one case in which gangrene of the lung had developed I opened the chest, drained a gangrenous abscess of the lung and was very much surprised to save the patient. It is the only case I know of personally where a portion of the gangrenous lung, following infection from the mastoid, has been removed.

Anyone who has seen Dr. Gifford operate knows that if there is any pus he will find it. I have never seen anyone do a more radical operation. He had one case where I was in consultation and we had all made the mistake of not being thorough enough, until Dr. Gifford was called in. He did a most extensive operation, following the sinua, going into the brain and saving the patient.

Dr. Gifford, closing:

Referring to the case Dr. Summers first spoke of where there was gangrene of the lung, that was one of the cases I should like to have reported in detail, but feared to weary you with what I had already in my paper. The man had an abscess in the lung and Dr. Summers stabbed him in the back with a knife and took out about a quart of pus and he recovered, to my great surprise and relief.

I might say a word about the question of tying the jugular vein, as to who should do it. If Dr. Summers or some other good surgeon were always present at your elbow you had better have him do it. Of late I have

Digitized by Google

decided that any ear surgeon ought to be able to tie these cases himself, because he never can tell when he will be away from an experienced surgeon and let a patient die because he is not able to tie the jugular. I have tied three cases lately myself, did it rather badly, too. But I shall keep on.

Migraine: Its Etiology, Symptomatolgy and Treatment.

*By JOHN MONRO BANISTER, A. B., M. D., Omaha.

As defined by Osler, migraine is "A paroxysmal affection characterized by severe headache, usually unilateral, and often associated with disorders of vision."

The etiology of this affection is of a very complex character. It is of an hereditary type and in certain families of neurotic tendency will be found to have affected several generations.

Many views have been advanced concerning its true pathology. Gowers holds that the disease is due to a morbid condition of the nerve cells.

By some the attacks are attributed to nerve storm and the disease considered a nervous outbreak, pure and simple; by others the paroxysms are supposed to be caused by certain constitutional diatheses, as the gouty or rheumatic; by another and larger group of observers the attacks are believed to be due to reflex causes in great part, occurring in neurotic individuals, who have inherited the tendency and are sufferers from pelvic disease, eye strain, adenoid growths in the pharynx, diseased conditions of the nasal passages or other affections of similar type.

Other investigators regard the affection as being caused by toxaemia or auto-intoxication, from disordered gastric, intestinal or hepatic action.

Certain observers, as Mollendorf, Latham, Knies and others, consider the disease to be an angio-neurosis, and attribute the phenomena of the disease to vaso-motor spasm, followed by dilatation of the vessel walls in certain areas of the brain cortex.

Attacks may come on after prolonged mental application or after the manifestation of some powerful emotion, as fear, grief or marked excitement from any cause.

All of the conditions enumerated may be exciting causes of an essential and primary vaso-motor constriction of the central vessels and it is highly probable that in individuals of a migrainous tendency attacks of the disease may be precipitated by reflex irritation from various organs, as well as by the entrance into the circulation of certain of the highly poisonous

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

principles resulting from faulty metabolism—by auto-intoxication, in fact.

Certain authorities absolutely deny the possibility of the attacks being induced by reflex irritation and denounce with great emphasis the absurdity of considering eye strain, in particular, as playing the slightest part in such causation. We are told that anyone, who expects to cure migraine by correcting errors of refraction or by overcoming conditions of inbalance of the ocular muscles by operative measures, is doomed to bitter disappointment, but, nevertheless, many of us, who are fully able to diagnose true migraine, know that certain cases due to reflex causes of an ophthalmological type are cured by treatment addressed to the ocular condition. The same is true of reflex causes from other organs.

I have mentioned auto-intoxication as being considered capable of precipitating migrainous attacks in the susceptible. It is certain that auto-intoxication of gastro-intestinal or hepatic origin may cause the blood stream to be contaminated to an excessive degree with the highly toxic products of defective metabolism.

Into the circulation, especially in hepatic disorders, are poured ammonia radicles, which have not been converted into urea, and many of these are most decidedly toxic. Purin and xanthin bases, which have failed of conversion into uric acid, are also discharged into the blood stream, as well as various acid bases, these latter leading to the occurrence of acidemia. Finally there is an invasion of the circulation by "toxic excrementitious bile products" with a resulting cholemia (Croftan.)

This presence in the circulation of toxic substances produces vaso-motor disturbances either in the way of contraction or dilatation of the vessel walls (Croftan).

Now, admitting that all of the affections enumerated are capable of inducing attacks of migraine, what is the essential condition resulting, which is the special cause of the actual seizure? It is most highly probable that this essential condition is a primary contraction of the arterioles supplying certain portions of the cerebral cortex, followed secondarily by a dilation of the vessel walls, with a resulting cerebral hyperaemia. Just why reflex causes, emotional states or auto-intoxication should manifest this selective action upon the cerebral circulation, and that, too, on one side as a rule, we can no more explain than can we account for the sudden pallor of the face from fear, or the blush from shame or other emotional causes. These results are under the influence of the sympathetic system.

Digitized by Google

The ocular symptoms of migraine are important in that they suggest a hint of the true pathology of the affection as a whole. These ophthalmic symptoms, notably scintillating scotoma, and the resulting homonymous hemianopsia, or half blindness of the same side of the visual field of each eye, are so commonly the immediate precursors of the agonizing headache of migraine that they may be considered to be the first stage of the attack, and it would seem that this causation, if determined, would give the key to the pathology of the affection as a whole.

A migrainous attack frequently commences suddenly with a slight blurring of vision, the victim's attention being attracted to the fact that parts of objects looked at are obscured, or blotted out, by congeries of shimmering, luminous, zig-zag lines, constituting the so-called scintillating scotoma. This blurring of vision generally spreads until there is complete half-blindness, or hemianopsia, on the same side of each visual field, that is an homonymous hemianopsia.

If the patient closes his eyes he will still see these bright scintillating lines, proving the central origin of the affection. As the vision begins to clear, after twenty or thirty minutes as a rule, he will frequently see the shimmering lines begin to break up near the center of the field and spread out in freer zig-zag figures toward the periphery, like the widening circles caused by the fall of a stone into a pool of water and finally the scintillations will disappear as they approach the extreme limit of the field toward the right or left, as the hemianopsia is of the right or left sided variety respectively. Upon the disappearance of the scintillations at the periphery of the former blind portion of the field of vision sight will be found to be re-established. The pupillary reaction to light and accommodation will not be fond to be materially affected.

This type of evanescent hemianopsia can only occur as the result of a temporary interference with the function of the visual center at the cuneus of one or the other cerebral hemisphere, or of a similar involvement of fibres of the optic radiation connecting the cuneus on each side with the corresponding halves of the retinae of the two eyes through the medium of the optic tracts and optic nerves.

The absence of involvement of the pupil would infallibly locate the temporary lesion between the geniculate bodies and the cortex at the cuneus.

Now what could have the effect of causing this fleeting condition of homonymous hemianopsia, or half-blindness, without abolition of the pupillary reflex?

Digitized by Google

Certainly the anatomical indications and the transient nature of the lesion would indubitably point to a circulatory disturbance in the region of the cuneus on one side of the cerbral cortex, and such circulatory involvement would most likely be a temporary anemia of the visual centre, due to vaso-motor spasm of the branches of the posterior cerebral artery supplying this area.

Our knowledge of the anatomy and physiology of the nervous system affords us proof of the fact that the cuneus of one side of the brain presides over the visual function of one-half of each retina on the same side, that is, the right halves or the left halves of the two retinae respectively.

Thus a lesion of the left cuneus, for instance, would cause loss of visual sensation in the left half of each retina, with a consequent blindness in the right half of each visual field, i. e., a right homonymous hemianopsia.

A similar condition affecting the right cuneus would cause a left homonymous hemianopsia.

A temporary disturbance of the circulation of either cuneus through vaso-motor spasm of the supplying arterioles would similarly produce a temporary half blindness of the opposite side of the visual field of each eye—a very suggestive fact in searching for the probable pathological cause of migraine, which so frequently commences in this way. This view is still further strengthened by the occurrence of the temporary aphasia sometimes found in company with the temporary visual disturbance. This aphasia is as fleeting as is the temporary half blindness and must consequently have a similar evanescent cause.

When we remember that this aphasia is chiefly of the sensory form, and that the sensory speech centers, visual and auditory, are located in the angular and supramarginal convolutions of the left cerebral hemisphere, in the one case, and in the first temporo sphenoidal convolution of the same hemisphere, in the other, and when we recall that these latter areas receive their blood supply from the posterior branch of the middle cerebral artery, the branches of which anastomose quite freely with the branches of the posterior cerebral artery, which supplies the cuneus, it does not require a great stretch of the imagination to assume that the same irritation which causes a vaso-motor contraction of the vessels supplying the cuneus in left sided migraine is competent to cause a similar spasm of the vessels supplying the neighboring sensory speech centers, with the addition of evanescent aphasia to the temporary hemianopsia described.

Digitized by Google

Likewise the cortex of the anterior lobe of the cerebrum on the side affected may very easily be involved in the circulatory disturbance in consequence of an extension of the vasomotor spasm to the anterior and middle branches of the middle cerebral artery as well. In this connection the mental confusion in the commencement of a migrainous attack and the numbness and tingling of the arm and hand of the opposite side, sometimes observed, would tend to add confirmatory evidence. In case both hemispheres should be affected, as is sometimes the case, there may be temporary amaurosis from involvement of both visual centers. Another important fact in confirmation of the vaso-motor view of the pathology of migraine is this, that as the patient reaches, or passes, middle age the attacks lessen in frequency, or cease altogether, as might be expected, in consequence of the diminished elasticity of the vessel walls due to advancing years.

For the sake of brevity I have treated of the more common or so-called spastic form of migraine. The paralytic form may be assumed to be due to a primary relaxation of the cerebral vessels with the consequent hyperemia and resulting headache.

Symptoms—Attacks of migraine may come on suddenly or may be preceded by some premonitory symptom, or symptoms, which from experience the patient has learned to interpret, as a feeling of listlessness and depression, the passage of pale or colorless stools, accompained by marked flatulence, or the momentary appearance before the vision of points or flashes of light.

In a large proportion of typical cases the following description will apply to the onset and course of the attack:

While engaged possibly at his daily occupation, or while sitting quietly at home, the victim may suddenly note that objects look peculiar to him, portions of such objects in the direct line of vision, or in the right or left portions of the visual field, seeming indistinct. A singular one-sided sensation may come over him with a feeling of anxiety, or panic, accompanied by slight dizziness. Soon the vision to one side or the other may be almost completely abolished, and the blind portion of the field may seem to be filled with shimmering congeries of fine, luminous, wavy lines, which seem to be in a state of most active motion, or larger, bright, zig-zag lines, the so-called teichopsia, may attract his attention. The blurring of vision commences as a rule near the point of fixation and rapidly extends to one side or the other. Great mental confusion now very probably comes on, the unfortunate subject of the attack not being able

Digitized by Google

Digitized by Google

Digitized by Google

to think clearly or even, in many instances, to remember the names of his intimate friends or neighbors. There may be a feeling of numbness or tingling in the tongue or in the arm or hand of the side corresponding to the blind half of the visual field. A marked disturbance of the powers of speech of the sensory aphasic type may now occur in severe attacks, and the symptom complex be highly suggestive of serious central involvement. Cardiac palpitation may come on at this time with a sensation of nausea. The pupillary reflex will be found to be almost normal and, with the ophthalmoscope, the circulation in either fundus oculi will not show any special change. The face may be pale on the side opposite to the blind portion of the visual field.

After about thirty minutes, possibly in a shorter time, the hemianopsia, or half-blindness, will begin to depart, the scintillating wavy lines breaking up, and widening out toward the periphery of the blind side as before mentioned, until they disappear, when the vision will be found to have returned and the power of speech to have been restored, although some degree of mental confusion may still remain. In rudimentary attacks of migraine the seizure may stop at this stage, though in the large majority it continues into the succeeding stage as follows: On the side of the head opposite to the former blurred half of the visual field, the headache, characteristic of the disease, now commences, as a rule, in a circumscribed area of the forehead or temple. The pain is excruciating and of a boring character, and from this starting point it rapidly spreads backward and involves the whole of the affected side of the head, sometimes extending into the neck. The face on this side, at first pale, may now be found to be of a brilliant red, the former condition being due in all likelihood to a primary arterio-spasm, the latter to a secondary relaxation of the walls of the vessels supplying the skin in the region designated, in which respect the facial circulation conforms to the circulatory condition supposed to exist in the brain on the same side. In cases in which the attack is bi-lateral the whole head is, of course, affected. In certain instances of the disease there is an absence of the disturbances of vision and speech. After a longer or shorter period of suffering the patient experiences relief frequently after a spell of vomiting. In severe cases the attack may be assumed to disqualify the victim for at least three days; in other instances it may be over in from twelve to twenty-four hours.

Treatment—In view of what has been stated it may be affirmed as a definite proposition that he will be most success-

Digitized by Google

ful in the treatment of migraine who will diligently and systematically ferret out the various exciting or contributing causes and give them intelligent consideration, while at the same time paying attention to the neurotic state of this unfortunate class of patients.

All sources of reflex irritation must be removed, and in this connection special attention must be directed to the condition of the eyes, nasal passages and accessory cavities, and pelvic organs, as well as to the complex functions connected with assimilation. In spite of what certain authorities would have us believe, it is a positive fact that such causes do excite attacks of migraine in the susceptible, and one actual cure of an undoubted case of this affection by the removal of reflex irritation must be accorded far greater weight in an affirmative way than should be granted to any amount of denial and carping criticism in a negative sense.

Many such instances of cure are in evidence. Cases caused by auto-intoxication also afford us much food for thought. In instances in which this cause is suspected we must pay careful attention to possible disorders of the gastric, intestinal and hepatic functions. In this connection it should be borne in mind that many cases of hepatic insufficiency have their starting point in intestinal disorders, the toxic products of such disorders being carried directly to the liver through the portal circulation and exercising a most deleterious effect upon that important organ, with a temporary disarrangement of its highly complex functions.

The vaso-motor effects upon the cerebral blood vessels following the entrance into the general circulation of toxic substances, resulting from such derangements, have already been mentioned. The enumeration of the special remedies to be employed in conditions of auto-intoxication, and a discussion of their action, would lead me too far afield and would require more time than could properly be accorded to this paper. I shall simply state in general terms that such treatment should include careful and appropriate regulation of the diet in the several digestive conditions at fault, with the use of drugs to fulfil the following indications, namely: To correct improper gastric or intestinal secretion; to remove the poisonous products of intestinal puterefactive processes by a course of autisepsis; to promote proper daily evacuation of the contents of the bowel tract; to re-establish the normal action of the liver cells, in which connection may be mentioned the valuable results following the administration of the sodium salts of the biliary

Digitized by Google

acids, and to secure proper elimination of excrementitious bile products.

In the general treatment of the migrainous habit the patient should practice moderation in all things, especially in the matter of the use of alcoholic beverages, which should in reality be rigidly excluded. His diet and daily hygiene should receive careful attention. Seguin, Sinkler and others have strongly advocated the administration of cannabis indiea up to tolerance, a standardized preparation of the fluid extract being the best form of the drug for use. Commencing with eight or ten drops three times a day, the dose may gradually be worked up to as high as thirty or possibly forty drops.

The remedies recommended to relieve the pain of the immediate attack are almost numberless. They are pure palliatives, and in this meeting of scientific physicians it is not necessary to dwell upon them. The occurrence of the attack of migraine may sometimes be aborted by the use of nitroglycerine, or nitrite of amyl, at the very commencement of the initial eye symptoms, with the object of causing relaxation of the spasm of the cerebral vessels, and the course of the individual seizure may be materially shortened, in certain instances, by the use of intestinal eliminative treatment.

Dissection of the Buried Tonsil in Children.

*By H. L. Arnold, M. D., Omaha.

The writer has been asked to present a paper to this society along some line of general interest to the section, and in persuance of this request the complete enucleation of the buried tonsil in children will be considered.

In the first place, tonsillectomy is unqualifiedly a hospital operation, from the fact that some complications may arise, such as hemorrhage, which demand quick and adequate attention. Moreover, the work cannot be successfully done without the aid of assistants, and last, for the sake of the patient and physician, the operation should never be undertaken at the home or in the office.

As to the length of time that the child should remain in the hospital depends, of course, upon what, if any, untoward condition arises; but as a rule, if no hemorrhage or oozing has occurred, the patient is allowed to go home the evening of the day after the operation. The writer has dismissed patients on

---

*Read before the Ophthalmological Section of the Omaha-Douglas County Medical Soc'y, Dec. 22, 1911.

Digitized by Google

the evening of the same day and had trouble with bleeding after they had been up and ridden on the street cars. So from experience it is advisable to keep them until the evening of the second day.

The ordinary protruding tonsil is reasonably easy to remove, but the class of cases to which this paper refers are those whose free surface is in the same plane as the inner edge of the pillars, where no protrusion exists and the body of the gland is completely hidden or submerged.

These tonsils, when pathological, demand removal; they are by far the most difficult to remove and a complete extirpation gives an unboundedly good result.

In dealing with these buried tonsils the writer has used many of the various dissecting instruments, which are exploited for this work, with varying degrees of success and some well fixed opinions.

To begin with, a dull or semi-dull dissector has not found very much favor in my hands, because to start the operation the mucous membrane must be torn or lacerated in order to reach the capsule and in carrying on these manipulations the tonsil may be more or less torn, which makes it difficult to snare, also causes more bleeding and unless very careful the capsule is liable to be punctured. Again, in separating the tonsil from its bed, preparatory for the snare, the surrounding tissues are necessarily roughly handled, causing the wound to be longer in healing and more susceptible to an infection.

On the other hand, a cutting instrument opens the mucous membrane, exposing the capsule, with practically little or no tugging at the tonsil, and especially the surrounding muscles; but some of these cutting instruments were found to be so large as to obstruct the view of the field. In fact, some were larger than the tonsil to be removed.

A cue was finally taken from Ballenger's description of the Kyle knife, which, as you know, has a small shaft and a short right angled cutting edge. With this knife the mucous membrane is slit from two to three millimetres from the free surface of the tonsil, which is drawn inwardly only enough to dislodge the gland from under the anterior pillar and at no time using extra tension with the forceps. Many descriptions in books say to insert the upper blade of the forceps in the supra tonsillar fossa. This is quite impossible with these buried tonsils, as the supra tonsillar fossa is filled with the tonsil and the mucous membrane falls or folds over onto the gland; moreover if this procedure were insisted upon, the blade of the forceps

Digitized by Google

would grasp the very tissue we want exposed and free to dissect from the gland. If a distinction were made as to the kind of a tonsil being worked upon, where the fossa is more exposed, it is well and good.

To go on with the description, the knife should be held with its cutting edge on the flat, with the point entered just under the mucous membrane (and this is most particular and important), then withdrawn, cutting from the tonsil, when, if done properly, the capsule will jump into view. The knife is repeatedly entered and withdrawn until the mucous membrane is detached from the entire circumference of the tonsil, which becomes unlocked, as it were, and can then be drawn inward from its bed.

The natural tendency is to make the first incision so deep as to include the capsule, which, of course, destroys our only landmark in the dissection and the tonsil becomes a haggled mass, with no head or tail to further procedure.

What might be a golden rule in tonsil dissection is to get on the outside of the capsule and stay there, which sounds much easier than it is to do, because if it can always be done, then every tonsil shells out readily.

After the membrane is cut from the circumference of the tonsil and the beginning of the capsule well exposed, all that remains is to keep up a gentle pull and the knife, hugging the tonsil, severs all attachments until the equator is well passed and especially the upper pole well out of the supra tonsillar fossa, when the snare does the rest by peeling out the tonsil with its capsule complete.

It sometimes happens that the wire snare makes a short cut at the lower pole of the tonsil, leaving a portion behind, so to obviate such a mishap the tonsil is lifted up and a cross cut incision made below the tonsil, connecting the lower ends of the incisions, which were previously extended around the tonsil, thus giving the wire a chance to bite and follow the outside of the capsule.

In using the Kyle knife one soon obtains a touch or feel when in contact with the fibrous capsule, or rather it should be said, when cutting into the capsule, so in doing the dissection after this fashion little tugging or pulling is done on the tonsil and the surrounding musculature is not mutilated to any extent, which gives a kindly healing wound, without the usual soreness attendant upon a blunt dissection.

In regard to the position of the child upon the table, it seems to be purely a matter of choice, for whether one prefers the Rose position or the patient on its back or side, blood comes

Digitized by Google

from the wound, and since it is imperative that the line of incision be kept thoroughly clear of blood in order that the capsule be exposed to view, I cannot see that it is accomplished more easily in one position than in another. Personally, the child on its back with head to one side, facing the operator is preferable, and that is only because the work has been done in that position more often and the writer can best orient himself when the patient is so placed.

With the laity the removal of the tonsils has come to be more or less discredited simply because we have failed many times to do the work in a creditable manner, and tonsilitis attacks the child about as often as it did before the attempted removal of the tonsils.

If a child has tonsilitis any time after their removal it is positive evidence that all the tonsillar tissue was not removed, or again, if any hypertrophied tonsillar tissue is found in the fossa, it is again evidence that the gland was not removed completely.

That so many disappointments come to both patient and physician in this work is due to the fact that it is more difficult to do a complete tonsillectomy than we have led ourselves to believe and prepare for, but there seems to be no plausible reason why we cannot acquire a technique to remove tonsils as well as a surgeon removes the appendix.

Occult Blood in the Stool.

*By A. D. Dunn, M D., Omaha.

Since Boaz's investigations (D. M. W. 1901-1903) the test for occult blood in the feces has become firmly established in our best medical clinics, but I feel that as a routine procedure it has not received the attention generally that it deserves. The reaction has the definiteness and precision common to chemical tests, its significance is limited, and the technique of the tests comparatively simple. I shall endeavor, first, to show sketchwise the semeiologic importance of occult blood in the feces and its interpretation; secondly, some fallacies, and, thirdly, the relative values of the various tests.

Blood in the stools may be (1) macroscopic; it is then patent to the naked eye as evident blood or its presence is strongly suggested by a black, brownish or tarry stool; or (2) it may be occult, i. e., not demonstratable nor even suggested to the naked

---

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

eye. In the latter case the blood either comes from high in the gastro-intestinal tract or if from lower down the amount is so slight as to escape ocular detection. Blood in the stool, whether occult or manifest, if not swallowed, for clinical purposes means a break in the mucosa of the bowel, which opens a vessel, and this lesion is usually an ulcer. Of course we have the rare types of parenchymatous mucosal bleedings, such as occur in vicarious menstruation, hemorrhagic diathesis, scurvy, profound icterus, sepsis, etc., but it is questionable if minute ulcers do not actually exist in these cases. Therefore, for practical purposes blood in the stools, if ingested blood can be excluded, signifies a solution of continuity somewhere in the gastro-intestinal mucosa. The location and nature of the break in the mucosa then becomes the question to be solved.

Oesophagus—Bleeding from the oesophagus occurs in the order of its frequency from carcinomata, varices secondary to hepatic cirrhosis, ulcers and traumata. Symptoms and findings of oesophageal stenosis plus occult blood in the stools practically spells neoplasm. Oesophageal varices often ooze blood and give rise to a positive blood reaction in the stools. The presence of occult blood with an atrophic liver or with a liver whose consistency is increased should suggest hepatic cirrhosis and it may be of decided confirmative value in making this diagnosis. Ulcers of the oesophagus are rare, save the cardiac ulcers, which commonly involve the oesophagus and produce characteristic symptoms. The stenosing or ulcerating processes which arise from structures about the oesophagus, such as aneurysms, neoplasms of the trachea, bronchi, lung and mediastinal glands, tuberculous peri-bronchial lymph glands, nearby abscesses occasionally bleed into the oesophagus and give rise to occult blood in the stools. These processes, however, are usually accompanied by symptoms which suggest the morbific factor.

Gastric and Duodenal Ulcers—In all patients with gastro-intestinal complaints a routine examination of the stools should be made for occult blood. In this field a blood test of the stools is just as important as a chemical or microscopic examination of the urine in patients complaining of genito-urinary symptoms. This is true even if the complaints are mild and of apparently minor significance. I recently sectioned a case in which a failure to make this examination led to a rather disagreeable fluke. An old man, hard of hearing, confused mentally, anemic, emaciated and visibly all in, entered St. Joseph's hospital. His complaints were almost nil. Diarrohea was present. An examination of the stomach contents showed a

Digitized by Google

total acidity of 6 and the diagnosis of achylia gastrica was made. The autopsy revealed a non-palpable ulcerating carcinoma of the lesser curvature. Hemorrhages must have been present and blood was just the clue that was needed to set the examiner on the right trail. Occult blood does not make the diagnosis, but it presupposes an ulcerative process and with other symptoms proves its existence almost to a certainty. This leaves only the question of location, nature and complications of the ulcer to be solved.

It would seem that there has been too much diagnosing of stomach ulcers on history and tender areas, too much unwarrantable and categorical assumption of the existence of a duodenal ulcer on the so-called "hunger pain," eased by eating, drinking or taking soda and occurring in periodic attacks. We read: If the patient has eaten between 1 and 2 p. m. the pain occurs at 4. Patients are invariably wakened at night at about 2 a. m. There is a feeling of fullness and distress in the epigastrium preceding the pain. The pain occurs earlier on liquid diet and is apparently made worse by such diet, although persistence in a liquid diet will ultimately bring improvement. The attacks are prone to occur in the winter months. There need be no tender areas or objective findings. The history alone suffices to make the diagnosis, etc.

Monyhan of Leeds, England, has dogmatized the above complex as pathognomonic of duodenal ulcer and needs no further encouragement to perform gastro-enterostomy. I have suffered from the above symptoms at intervals for the last 27 years and should hate to have my alimentary canal short circuited on such flimsy grounds. The above symptom complex, however, plus occult blood, when we are justifiably sure that the blood has no other origin, may be considered presumptive of duodenal ulcer. I believe that one is more justified in dogmatizing in an opposite sense. *Epigastralgia without occult blood is not ulcer.* When one considers the storm center that the epigastrium affords for all kinds of nervous manifestations one cannot too highly appreciate any precise objective test which will help to differentiate functional from organic disease. Blood often disappears rapidly under dietetic restriction and its absence in the absence of symptoms should not be taken to exclude ulcer. Repeated examinations must be insisted upon and if the reaction is continuously absent the diagnosis must be revised. Ewald says (D. M. W., April 6th, 1911): "I have found it (occult blood) almost without exception. One should never be satisfied with a single examination, but in questionable cases the

Digitized by Google

stools should be examined daily, avoiding the usual sources of error."

Ulcerations Lower in the Tract—The importance of the test in lesions lying beyond the stomach and duodenum is not so great because ulcers here do not admit of as much diagnostic precision. In typhoid the presence of a sharp chemical reaction should suggest an impending hemorrhage; in pulmonary tuberculosis it indicates intestinal involvement with consequent clouding of the prognosis. The nature of tuberculous ulcers is such that they rarely lead to hemorrhages or perforation, but the test finds occasional use here inasmuch as the demonstration of organisms is fallacious on account of the habit of these patients of swallowing their sputum. In gradually developing intestinal obstruction after middle age occult blood, with proper restrictions, points quite definitely to malignancy. The same is largely true of its persistent presence with suspicious tumor masses. Few tumors except carcinoma produce bowel ulcerations. In colonic cases the reaction is valuable in distinguishing a simple catarrh or mucous colitis from a dysentery—a diagnosis which occasionally presents difficulties with therapeutic indications directly at variance. The reaction is of no importance in diagnosing the nature of ulcerations of the large gut, such as decubitus, gonorrheal, syphilitic, tuberculous, etc. It points out the existence of ulceration and the diagnosis must be made ex juvantibus.

Fallacies. As in the case of all laboratory methods, results must be interpreted with discrimination. Occult blood may be considered as (1) endogenous: when it is derived from the patient's alimentary tract; (2) exogenous when it is ingested; 2-5 c. c., of swallowed blood will give a positive reaction. Therefore meat must be excluded from the diet for several days before a positive reaction may be interpreted as meaning hemorrhage.

In event of a positive reaction the patient should be fed on a meat free diet, the stools marked with 5 grain carmine or charcoal capsules and the dejecta following the appearance of the coloring matter examined.

A positive reaction should never be interpreted as significant of hemorrhage from the stomach or duodenum without a microscopic examination. Blood corpuscles or shadow corpuscles point definitely to a colonic or rectal origin (hemorrhoids). Simple inspection of the feces often determines the low origin of the blood.

A negative reaction may give rise to interpretative fallacies.

Digitized by Google

When symptoms point to ulceration, repeated examinations should be made before a negative result is finally accepted. Carcinoma of the gastro-intestinal tract must not be excluded on a negative blood test in the absence of symptoms pointing clearly to that diagnosis. A case in mind in which the diagnosis of achylia gastrica was based on a classical history, a three months' period of improvement, a fitting stomach content analysis and the continuous absence of blood in the stools and stomach contents showed a non-ulcerating infiltrating scirrhus carcinoma of the plyorus and pars pylorica at autopsy. The tumor was situated high under the costal arch and liver and could not be palpated.

It is hardly necessary to mention the dangers of contamination from the urine, menses, unclean vessels, dirty test tubes, etc. For instance, we have found it absolutely necessary not to use any tubes that have been used for the Wassermann test or washed in the same water, although such tubes may have been thoroughly washed and cleaned and though they are to all appearances perfectly clean. In making ethereal extracts sweat from the worker's hands should not enter the extract.

The adventitious presence of certain ingested substances which may give the reaction should be mentioned: Formol, manganese dioxide, iron compounds. Pus will give the guaiac reaction.

Tests. All of the tests depend on the same chemical principle, i. e., a color reaction produced by the oxidization of a given substance. The oxidization is induced by the hematin acting as a catalytic agent in the presence of an excess of oxygen which has been added in the form of H2 O2 or ozonized turpentine. The tests used in order of their age are the guaiac, aloin, benzidine and phenolphthalein tests. The hematin is usually obtained by treating the feces with acetic acid and extracting with ether, although the process of extraction is not necessary in the benzidine or phenolphthalein tests. The reagent is made in the guaiac and aloin test by taking a pen knife point of powdered aloin, dissolve in 2-3 c. c., of alcohol, then adding 1-2 c. c., of hydrogen peroxide; a contact test is then made with an ether extract. In the presence of blood a dark bluish or purple color appears in the first and a cherry red color in the latter. The reaction takes place almost immediately and a reaction that has occurred after ten minutes should not be considered positive. These tests will demonstrate blood in about 1:10,000.

The benzidine test is simpler and owes its chief disadvantage to its delicacy. A knife point of C. P. benzidine (Merck)

Digitized by Google

is dissolved in 2-3 c. c., of glacial acetic acid and 1-2 c. c., of H2 O2 added. A piece of feces the size of a bean (it is advisable to take small pieces from different parts of the stool) is dissolved and boiled in a small amount of water. The hot feces solution is then brought in contact with the reagent. In the presence of blood a dark green or blue ring appears at the point of contact. The test is extremely delicate and shows blood in 1:100,000 to 1:200,000. A negative reaction is taken as conclusive against the presence of blood. A positive reaction should be controlled with one of the less delicate tests, preferably the guaiac.

Meyer's phenolphthalein test is attracting considerable attention at present. It can be performed either with an ether extract or with a solution of feces. The reagent is made according to Boaz as follows: Phenolphthalein gm. 1, anhydrous potassium hydroxid gm. 25, powdered zinc gm. 10, water 100 c. c. This mixture is heated gently, care being taken to shake or stir. The phenophthalein is reduced to phenolphthalin and the solution rendered colorless. The test is performed according to Boaz as follows: To 1-2 c. c., of the reagent, 2 drops of H2 O2 are added, then contact with an ether extract of feces. In the presence of hematin the phenolphthalin is oxidized to phenolphthalein and being in alkaline solution gives the usual red reaction. Boaz has found the test positive in dilution of 1:40,000-50,000, thus furnishing a test midway in delicacy between the benzidine and guaiac. Boaz always uses the latter test as a control. We have used the test somewhat differently—a few drops of the reagent are added to a solution of feces, followed by a few drops of H2 O2. It is often unnecessary to add the H2 O2 oxidization taking place without an excess of oxygen. This is the simplest of all the tests in its performance. The reagent is somewhat difficult to make, but after it is once made the addition of a few drops of the reagent and of H2 O2 to a solution of feces completes the test. This test should be controlled with a guaiac or aloin test.

In summarizing I should like to emphasize the following:

1. Our present tests for blood are simple in technique and feces are easily collected in a pint or quart fruit jar so that a stool examination for blood is no longer an incubus on the practitioner.

2. A routine stool examination for occult blood should be made in all gastro-intestinal complaints.

3. Interpretive fallacies must always be held in mind, such as swallowing blood, negative tests, etc.

Digitized by Google

4. The diagnosis of gastric or duodenal ulcer without bona fide hematemesis or occult blood in the stools should always be questioned.

Gonorrhea in Children.

By Palmer Findley, M. D., Omaha.

While gonorrhea is not uncommon in children, it is usually a disease of short duration and seldom results disastrously. Furthermore the infection rarely extends above the vulva and vagina, though it is possible to find any and all the organs and tissues involved which are subject to gonorrheal infection in later life. Hence it follows that the infection may invade the urethra and bladder, the uterus, tubes, ovaries, anus, rectum and peritoneum and that systemic infections, notably those involving one or more joints, are occasionally encountered. Rarely the endocardium, periosteum and meninges are involved.

According to most authorities vulvo-vaginitis exists in about 1 per cent of female children and that the great majority of these cases are gonorrheal. It is the exception that a purulent vaginal discharge in children is due to causes other than gonorrheal.

Gonorrhea in children usually arises from contact with soiled linens and sponges used by adults and children who are infected with gonorrhea. In children's wards the infection may be carried on thermometers and fingers of nurses who go from one child to another without taking the precaution to thoroughly cleanse their hands and thermometers. Children have been known to become infected when sleeping with an infected mother or nurse. Unjust accusations have been made through ignorance of the fact that gonorrhea in children is not infrequently the result of accidental contamination. That the bath may convey the infection is strikingly illustrated by a report from Welt-Kakels, who referred to an instance occurring in Posen, Germany, where 236 school girls acquired vulvo-vaginitis from a common bath. Kelly says the girls are infected intentionally through a somewhat prevailing superstition among the lower classes that the disease can be gotten rid of if it is transferred to a healthy person, notably a virgin.

We have learned that the vulva and vagina of adults are not easily infected because of the presence of multiple layers of flat epithelium arranged in palisade form. In children these structures are covered with delicate epithelium which affords little protection against invading gonococci; hence the fre-

Digitized by Google

quency with which we find vulvo-vaginitis in children. The gonococci pass between the epithelial cells and are known to pass beyond the epithelium into the sub-epithelial tissue.

Vulvo-vaginitis in children, in the acute stage of the infection, does not differ essentially from that found in adult life. The labia are swollen, red and oedematous. The hymen and inner surfaces of the labia are sites of predilection and the inflammation may extend to the perineum and neighboring skin surfaces. Condylomata may cover the vulvar and perineal surfaces and the region about the anus, though this is exceptional. The infected surfaces are commonly covered with a greenish or yellowish discharge. Here the infection may end, but as a rule the vagina is attacked.

The recognition of an existing vaginitis is not difficult. After cleansing the vulvar surfaces pus may be seen to exude through the opening of the hymen or a very small speculum may be passed into the vagina, though this latter procedure is open to the serious objection that the disease may thereby be conveyed from the vulva to the vagina. Certain so-called congenital anomalies may be ascribed to gonorrhea acquired in-utero, i. e., imperforate hymen, adhesions of the labia and prepuce, diseased and malformed uterus and Fallopian tubes. The urethra is frequently the seat of gonorrhea, but I know of only one reported case in which the infection extended to the bladder; that of Wertheim, who found gonococci in the epithelial interspaces of the bladder, in the wall of the bladder and within the blood vessels of the bladder wall.

In rare cases the infection may extend from the cervix to the body of the uterus, thence to the tubes, ovaries and pelvic peritoneum. Goodman reported eight cases of gonorrheal general peritonitis, with two fatalities. The favorable prognosis of gonorrheal peritonitis is worthy of note. The pathological lesions and clinical manifestations do not differ from those found in adult life. Bandler observes that children suffering from pelvic or general gonorrheal peritonitis are generally assumed to have appendicitis, but the presence of a gonorrheal vulvo-vaginitis should lead to a correct diagnosis.

Proctitis occasionally accompanies a vulvo-vaginitis and is recognized by itching and irritation about the anus, a purulent discharge from the rectum and the detection of gonococci in the discharge. Occasionally ulcers are developed on the rectal mucosa. These ulcers may give rise to a bloody discharge from the rectum, together with painful stools.

Since the infection is most frequently conveyed by napkins

Digitized by Google

it follows that all napkins worn by infected children should either be burned or before again used they should be soaked in an antiseptic solution, then washed and sterilized. In cleansing the infected parts absorbent cotton should be used in place of sponges. Baths should not be given in tubs shared by other patients and healthy individuals. Strict isolation of these cases should be maintained in hospitals, hence they are not to be cared for in wards. This quarantine should embrace the nurse in attendance if further spread of the disease is to be prevented. The quarantine should not be raised as soon as the local signs of inflammation subside, but should continue as long as the presence of gonococci can be demonstrated in the secretions.

Bandler recommends painting the vulva with a ten per cent solution of silver nitrate. Not only the vulva, but the surrounding skin surfaces should be treated in like manner. Warm sitz baths should be given once or twice daily. Where there is much irritation the surfaces should be annointed with a two per cent protargol ointment. Similar remedies may be employed in the treatment of gonorrheal infection of the rectum. Fissures and ulcers should be cauterized by the pacquelin cautery. It is essential to enjoin rest in bed in all these cases throughout the acute stage.

Butler and Long of Chicago (J. A. M. A., March 7, 1908), in making a report of their clinical observations with gonorrheal vaccine in the treatment of vulvo-vaginitis in children, say:

"The contention might be raised that gonorrhea is aggravated in female children by local treatment and that the discontinuance of such treatment might be expected to be followed by betterment. The possibility of this should be conceded, but when we are able to trace daily variation in the clinical manifestations with the ebb and flow of the wave of immunity; when we see within twenty-four hours a profuse discharge cease and find negative smears coincident with a marked rise in the opsonic index, the above contention loses much of its weight, and in the cases treated must be excluded from consideration in calculating results."

"If from our work any conclusions are permissible, we believe it no exaggeration to state that vaccine therapy has a place in the treatment of gonorrhea in the female, that it appears to be far more efficient and at the same time scientifically more tenable than local antiseptic treatment."

While a vulvo-vaginitis usually disappears with 6 to 12 weeks of careful treatment, exascerbations are often observed. One case is recorded where the disease lasted four years.

Brandeis Theater Bldg.

Digitized by Google

Bronchial Asthma.

*By A. Sachs, M. D., Omaha.

Bronchial asthma is a disease which we all meet with frequently in our practice. The literature as regards the symptomatology and treatment is unlimited, but when one looks for some plausible explanation of the etiology, the text books usually have very little to say, therefore in this paper I wish to give you a review of some of the literature as regards the etiology, omitting the symptomatology and treatment.

In the past few years, we have heard considerable about an important phenomenon known as anaphylaxis and it has now been shown that bronchial asthma bears a very close relationship to it.

In 1904, during Ehrlich's visit to America, Theobald Smith informed him that guinea pigs which had been used in testing diphtheria antitoxin, became acutely ill or died several weeks later if another injection of normal horse serum were given. Ehrlich gave this problem to Otto, who later published his results. Rosenau and Anderson soon after that published their observations and since then, many men both in America and abroad, have added to our knowledge of this phenomenon.

First of all, what is meant by anaphylaxis? It is a hypersusceptibility or supersensitiveness of the body toward certain foreign substances. For example; If a guinea pig is injected with a small dose of horse serum and about two weeks later a second injection of horse serum is made, the animal dies in a short time with very characteristic symptoms. The first injection is known as the sensitizing injection and the second as the toxic injection, that is the guinea pig is sensitized or made hypersusceptible to horse serum by the first injection, and then later the second or toxic injection is given and the animal dies.

It has been shown that a primary injection of small amounts of a great number of substances, all of a protein nature, is able to render a guinea pig hypersusceptible to a subsequent injection of the same substance, as for example, the injection of milk, white of an egg, etc.

This reaction is regarded by most men as specific, that is if guinea pigs are sensitized with horse serum they are subsequently very susceptible to horse serum, but only slightly if at all to serums of other animals like dogs, rabbits, etc. They are

---

*Read before the Elkhorn Valley Medical Society at Norfolk, Neb., January, 1912.

Digitized by Google

still less susceptible to a second injection of a different protein as milk, egg albumin, etc.

Guinea pigs can be sensitized in other ways than by injection. Anderson and Rosenau found that guinea pigs could be sensitized by feeding them some days on horse meat or dried horse serum mixed with their food. Guinea pigs fed in this manner were subsequently injected in a few days with horse serum and they were found to react in the characteristic manner. They also found that hypersusceptibility could be carried from the mother to her young, that is, it is hereditary.

Anaphylaxis in guinea pigs bears a striking resemblance to an asthmatic attack in man, the one most prominent symptom of both being the dyspnoea. An anaphylactic attack can be relieved according to Auer and Lewis, by an injection of atropine, and we all know how nicely atropine relieves an asthmatic attack.

The pathology is also the same. It is now believed by most men, that asthma is a neurosis due to a spasm of the bronchial muscles. Biedl and Kraus of Vienna, claim that the rigidity of the lung in anaphylaxis, is due to a spasm of the bronchial muscles, also Meltzer states that anaphylactic shock is due to a stenosis of the finer bronchi. Biedl and Kraus believe further that the lung inflation in serum anaphylaxis of a guinea pig, presents the same clinical and anatomical picture as an acute asthmatic attack in the human subject.

We have all heard of the sudden deaths after a single injection of antitoxin and it is peculiar to note that most of these cases on record have been asthmatics. Gillette reports that in 21 of 28 cases in which collapse or death followed the administration of antitoxin, he was able to get a history of some previous respiratory distress; while in 16 cases there was a distinct history of asthma. He therefore advises against the use of antitoxin in such case unless absolutely necessary and where such necessity exists, he would inform the patient of the possible danger, before using antitoxin. We have also heard of cases in the past, which have been given antitoxin as a therapeutic agent for the cure of asthma. There were some reports given of an absolute cure from its use, and all such cases had quite a severe reaction. It is known that guinea pigs can be immunized against anaphylaxis, and this may be done according to Anderson and Rosenau, in two ways. One way is that animals that recover from a second injection during the anaphylactic stage are at once immune. Whether or not asthmatics who recover from an injection of horse serum present an anti-anaphylaxis, I am

Digitized by Google

Digitized by Google

Digitized by Google

not sure, but that it bears a very close resemblance can easily be seen.

We all know that anaphylaxis, is regarded by most men as specific, as I have stated in the first part of this paper. Asthma bears a close resemblance to anaphylaxis in this respect also, and we can best see this in hay fever asthma. Individuals who suffer from hay fever in spring, due to the grass pollen, are not subject to autumnal attacks which are caused by the ragweed pollen. Also people who suffer from asthma whenever they are around horses, never have any trouble when around dogs; cats, etc.

Hay fever is supposedly due to tox-albumins of the pollen of some plants. When such a toxin is injected subcutaneously into a normal individual, no effect is noticed. If however, it is injected into a person subject to hay fever, in a short time all the symptoms of hay fever appear. This Meltzer states can only mean that subjects are sensitized to a specific protein of pollen and whenever the same proteid invades these individauls, the result is an anaphylactic attack, which among other symptoms manifests itself in the form of asthma.

If asthma is a phenomenon of anaphylaxis one must find some way through which they become sensitized. We know that guinea pigs can become sensitized by feeding, that is, through the alimentary canal and Weaver suggests that this may be the way by which people are sensitized. Beal states it may be brought about by way of the respiratory tract, digestive tract and through auto-intoxication from toxins manufactured by certain glands, mainly the liver, etc.

We know sensitization to anaphylaxis in guinea pigs may be hereditery or acquired and so it is with the disposition to asthma, which can also be hereditary or acquired.

Guinea pigs that are sensitized contain a certain substance in their blood, known as anaphylactin, as is shown by the following. If the blood of a sensitized guinea pig is injected into a normal guinea pig, this second animal becomes sensitized also, and if later this second guinea pig is given an injection of horse serum, it reacts in the characteristic manner by having anaphylaxis. Barach tried to find out if anaphylactin was present in the blood of asthmatics, his results, however, were negative but they were not extensive enough to disprove the relationship of anaphylaxis to asthma.

We know that some people have a rash each time they eat certain kinds of shell fish. That this is an anaphylactic phenomenon is fairly well established. We also know that asthmatics

Digitized by Google

are quite subject to skin eruptions, especially urticaria, etc. Batty Shaw of London reports an interesting case of a girl with neurotic asthma, who only had an eruption with each attack of asthma.

Moschcowitz points out the important relationship that eosinophilia bears to anaphylaxis. We all know that most cases of bronchial asthma have an eosinophilia during an attack of asthma and often times during the interval between attacks. In a recent article, Herrick of Chicago, reported cases of bronchial asthma, which showed very marked eosinophilia. Moschcowitz states "The invasion of eosinophil cells in increased numbers into the organism is the expression of an active agent, or is the agent itself, in the production of anaphylaxis."

From the above points, we can easily see that bronchial asthma and anaphylaxis are closely related and they offer a plausible explanation of some of our cases of asthma.

Another interesting view of various neuroses has been put forth by Eppinger of Vienna in his article on Vagotonie, and, in order to understand this author's interesting explanation, we will have to take up the subject somewhat in detail.

Eppinger uses the term, vegetative nervous system. This system supplies all organs which have smooth muscle, such as blood vessels, intestine, etc., and also some organs with striped muscle as the heart, beginning and ending of alimentary canal (as esophagus) genital organs, etc. The vegetative nervous system, he divides into two, one the sympathetic system, the other the autonomic system, the main branch of which is the vagus.

Adrenalin, which is one of our internal secretions, stimulates the sympathetic system, and is secreted by the chromaffin system, mainly the adrenal glands. This chromaffin system lies in close relationship to the sympathetic nervous system. Through experiments of Ehrmann, it is known that adrenalin is constantly being secreted, hence we have a constant stimulation of the sympathetic nervous system, by this I mean adrenalin does not stimulate the sympathetic system just when there is some special need, but it stimulates it all the time.

Pilocarpine stimulates the autonomic system and Eppinger advances the theory that it is reasonable to suppose that the body probably has some internal secretion, which has not yet been discovered, that acts like pilocarpine and constantly stimulates the autonomic nervous system or what he also calls the enlarged vagus system. As stated, this internal secretion has not as yet been discovered, but there are many facts which go to

Digitized by Google

prove that there probably is some such internal secretion present. This is somewhat similar to the fact that we know that certain diseases are infectious and due to some micro-organism long before that organism has been discovered. One fact which goes to prove the above, is the following: Stimulation of the sympathetic branches which supply the pupil causes a dilatation of the pupil. If we cut the autonomic branches supplying the pupil we get a constant dilatation of the pupil which is due to a constant stimulation of the sympathetic system, which now has no inhibition. So it is probable that these two systems are under constant stimulation of certain internal secretions and that one system antagonizes the other in such a way that normally the action of the two systems just balances. In some individuals however, the balance does not keep even so that some lean more toward stimulation of the sympathetic system and some more toward that of the autonomic system, that is, in some people more adrenalin is being secreted and in some more pilocarpoid secretion is being produced. If the above is true, individuals who lean toward the autonomic system, ought to react less to a subcutaneous injection of adrenalin than those who lean more toward the sympathetic system, and this fact has been proven to be true by experiments on a large number of cases.

Stimulation of the vagus causes a slow heart. It also causes contraction of the bronchial muscle, increases gastric secretion, increases peristalsis, etc. Therefore, if people lean more toward the autonomic system, they ought to present some of the above named symptoms and it is found that they do. To this class of people who lean more toward the stimulation of the enlarged vagus system, Eppinger applies the name of vagotonikers.

It is known that atropine paralyzes the vagus and if the above is due to a greater stimulation of the greater vagus system, then an injection of atropine should relieve the above named symptoms at least for a time and it does, as can easily be shown by the action of atropine in relieving the bronchial spasm in an asthmatic attack.

According to this theory, asthmatics belong to the above class of vagotonikers, who have an increase stimulation of the autonomic or enlarged vagus system, which the pilocarpoid secretion stimulates. This increased secretion causes at times a bronchial spasm and hence an attack of asthma.

As before stated, asthmatics usually have an eosinophilia and an eosinophilia is usually found in people belonging to the

Digitized by Google

class of vagotonikers. It has further been shown that these vagotonikers are people in whom anaphylaxis is more liable to occur.

Strumpell is more inclined to attribute the cause of bronchial asthma to a swelling of the bronchial mucosa, with an increase of the bronchial secretion and he also points out that this secretion neurosis is found in other parts of the body of the same person, such as a colica mucosa and also points out that they are very liable to urticaria and eczemas, so he places the people under a type which Czerny of Strassburg classifies as having the exudative diathesis.

Sometime ago, Carmalt Jones claimed that the dyspnoea of bronchial asthma was caused by a specific bacterial toxin. In a case of bronchial asthma, a bacillus was found in the sputum in almost pure culture. It was insolated and seemed to be a short immotile rod with rounded ends. The bacillus grew readily on ordinary culture media and did not ferment sugar. A vaccine was prepared and the dyspnoea stopped after the injection of 20-30 million bacilli. At the end of three months the symptoms returned but yielded to a repetition of the vaccine treatment. Up to the time of his report, 52 cases had been treated with satisfactory results. I have not heard or seen anything in the literature of late years about the above, so this treatment in all probability was found not to be all it was hoped for by the author.

That asthma is due to many reflex conditions of nose, etc., is known by you all, so I will no longer take your time by explaining the same.

It can readily be seen that individuals classified as having the exudative diathesis of Czerny and as Vagotonikers by Eppinger, are especially liable to anaphylaxis and it is along these lines that I believe the etiology of at least some cases of bronchial asthma can be best explained.

LITERATURE.

Lancet, October 22, 1910, G. Billard.
Medical Record, August 5, 1911, Editorial.
New York Medical Journal, January 7, 1911, Moschcowitz.
Vagotonie (pamphlet), Eppinger.
Spezielle Pathologie und Therapie, Grumpell.
Allergie, Von Pirquet.
Journal Medical Research, April, 1910, Bladwin.
Archives Int. Med., June 15, 1909, Weaver.
Archives Int. Med., June 15, 1909, Anderson and Rosenau.
Journal A. M. A., September 17, 1910, Meltzer.
Journal A. M. A., December 2, 1911, Herrick.
Journal A. M. A., January 20, 1912, Grinnan.

Digitized by Google

New York Medical Journal, January 21, 1911, Barach.
The Practitioner (London), December, 1911, Batty Shaw.
These de Paris, 1910, Beal.
Wiener Klin Wochenshrift, November 11, 1910, Kraus.
St. Petersburger Med. Woch., XXXIV, 1910, Carnalt Jones.
Central fur Bakteriologie, Vol. 45, No. 3, 1910, Carnalt Jones.
Therapeutic Gazette, XXXIII, 1909, Gillette.
Medical Reviews.

Management of Toxaemia of Pregnancy. (Pernicious Vomiting and Eclampsia).

By A. B. Somers, M. D., Omaha.

Pernicious vomiting and eclampsia are in a degree unfortunate terms, in that they give only a single symptom which in no way explains the underlying condition back of these symptoms, and in case of eclampsia the condition may be absolutely alarming and not recognized until the occurrence of the convulsive seizure.

The term toxaemia refers to an underlying pathological condition that is operative in both vomiting and eclampsia, and if not identical in both instances, is amenable, in a large degree, to the same plan of treatment. The arterial symptoms are not identical, for with vomiting there is often a condition of hypo-tension, while in eclampsia there is a condition of hyper-tension. Notwithstanding these conditions the importance of dilution of toxines and eliminative treatment is practically the same. This difference of tension is noticeable only in the early stages of pregnancy, there being no difference so far as my observation extends in the pulse of vomiting or eclampsia during the latter months of pregnancy.

While the pathologists are discussing the ultimate cause of eclampsia, if there be one, aside from the existence of pregnancy—doubtless there are more than one—the clinician is obtaining fairly satisfactory results from therapeutic resources that are in a degree familiar to all of us.

In discussing this question it might be well to eliminate nephritis, diabetes, serious heart lesions, pernicious anemia or other serious organic disturbances afflicting the pregnant woman.

Tweedy, of the Rotunda Hospital, holds that eclampsia is a general toxaemia, due to increased metabolism and increased elimination caused by the presence and demands of the foetus on the maternal organism. In this theory the severe headaches, pernicious vomiting and albuminuria are classified with eclampsia and regarded as having a common origin. There

Digitized by Google

is a curious resemblance between diabetic coma, uremia, yellow fever and phosphorus poisoning to eclampsia in their pathology and clinical symptoms. Alterations in the liver, acute hepatitis, necrosis and cloudy swelling or fatty degeneration are common to both groups. The increased viscidity of the blood, its decreased alkalinity in diabetic coma and the so-called acid intoxications, are present in the advanced stages of eclampsia. Headache, lethargy, pruritus, loss of appetite, nausea, flashes of light, tremor, etc. are common symptoms of eclampsia as well as of the toxaemias of the non-pregnant. Tweedy lays emphasis on the difficulty of differentiating between the convulsions of eclampsia and those of other toxaemias, and the comparative ease with which they can be differentiated from epilepsy."

The following factors, according to J. S. Lawrence, Journal Surg. and Obstet., are considered to contribute to the support of this theory. First. Eclampsia occurs more frequently in multiple than in single pregnancies. Second. In England and Ireland it tends to occur when the weather is damp and cold. Third. The birth of the child or its death in utero improves the maternal condition. Fourth. Albuminuria accompanies eclampsia. Fifth. The kidney diseases subside and do not tend to recur in subsequent pregnancies. The treatment is eliminative because it is claimed that when the waste products can be eliminated and the nitrogenous intake can be reduced recovery is insured.

It would appear that we know enough about the ultimate causes of pernicious vomiting and eclampsia to know that they are due to pregnancy complicated by toxaemia, the toxaemia being due to a variety of causes. These facts furnish us with sufficient knowledge to establish a reasonable working hypothesis in the management of these cases. Knowing the danger that threatens every pregnant woman, and the means of prevention, it is fair to state that the number of cases of eclampsia that will occur in the experience of any practitioner will depend largely upon his "eternal vigilance" in the application of these principles of treatment from earliest pregnancy, through labor and the early days of the puerperium; for occasionally convulsions will occur several days after confinement. Prevention then is a question of vital importance and there are three points in the way of prophylaxis that should be emphatically impressed on the mind of every pregnant woman.

First—An abundant amount of exercise in the open air.

Digitized by Google

Second—The ingestion of large quantities, one quart or more daily, of pure water between meals.

Third—Keep the bowels in an open condition by fruits, vegetables and if need be, laxatives, the alkaline salts or mineral water being preferable for this purpose, owing to the tendency to acidosis.

The application of these three simple rules would practically prevent the occurrence of pernicious vomiting and puerperal eclampsia.

Regarding the treatment of eclampsia I choose to consider it under three heads:

First—Management during the convulsive seizure.

Second—Dilution of toxines and promotion of secretion and elimination.

Third—Emptying of uterus.

I am fully aware that the general concensus of opinion would place emptying the uterus in advance of promotion of elimination, but there are some notable exceptions to this opinion and it is well to remember that emptying the uterus does not remove the toxaemia which, after all may be said and done, is a very fundamental cause, and while this may be a good rule for the surgical experts inside institutions, I believe it to be a poor rule for the every day practitioner in general practice. The facts are that women die of toxaemia after delivery, and women frequently have their first convulsions after delivery. The first eclampsia I ever saw the convulsive seizure came on shortly after completion of the third stage of labor.

Another point to be considered is that convulsions are often precipitated by the shock of labor and the shock of any operative procedure may result in bringing on a convulsion or increasing the attacks if they have already begun, unless the patient be under the influence of an anesthetic, so that in case of an eclamptic condition without actual convulsions I believe it poor management to resort to operative procedures on account of this danger; for it is a well established fact that convulsive seizures of themselves are exceedingly dangerous to both mother and child. Shock, as an excitant of convulsive seizures, is worthy of our most serious consideration.

In eclamptic conditions without convulsive seizures what we most desire is time to quiet nervous disturbance, relieve tension and pulse frequency, dilute toxines and promote elimination, and the operator that disregards these essentials and proceeds to bring on labor or delivery by the ordinary methods makes a mistake. I remember a case that went into her first

Digitized by Google

convulsion when the child's head was distending the vulva. She was delivered inside of five minutes with forceps, but she had two other convulsions inside of thirty minutes, and I believe would have had more only I gave here heavy doses of veratrum hypodermatically and reduced her pulse from 140 to less than 60 inside of an hour. I encouraged bleeding in this case as much as possible, yet the amount of blood loss was small. We sometimes meet with a fulminating type that goes on to death rapidly in spite of our efforts.

A girl 21 years of age came in to the Methodist Hospital in the evening in labor. She had no medical advice during her pregnancy. About 2 a. m. she went into a convulsion which was rapidly succeeded by two more before my arrival. The cervix was well dilated and I proceeded to deliver with forceps. There was a moderate hemorrhage and we adopted other remedial treatment, but the convulsions continued and she went into coma and died about four hours after the first convulsion. In this instance I believe labor to have been the exciting cause of the convulsions, which might have been warded off by a few days' treatment before labor came on.

These things must be taken into consideration because the largest number of eclamptic seizures come on before labor begins and unfortunately many a case of eclampsia is not recognized until the convulsion occurs.

When the cervix is dilated or easily dilatable and an easy delivery can be effected under ether, there is no question but immediate delivery is the treatment to be adopted; but in serious cases I believe operative treatment only precipitates the fatal termination, and I am most decidedly opposed to allowing operative interference to take place preceding the convulsive seizure in eclamptic conditions, only under surgical anesthesia.

PROPHYLXIS—The important point in the management of eclampsia is prophylaxis, and this is best accomplished by keeping the bowels open, taking two quarts of water daily and plenty of exercise in the open air. Add to this a reduction of tea and coffee to one cup daily and meat or eggs in moderate quantity, once daily and eclampsia will very rarely occur. I also believe most of us do not fully appreciate the value of calomel in small doses as a stimulator of secretion and elimination. I am not entering into a discussion of the value of calomel as a cholagogue, but it is an all round stimulator of secretions and as a diuretic it materially increases the solid constituents of the urine. It may be given in one-tenth doses,

Digitized by Google

Digitized by Google

Digitized by Google

three or four times a day, for periods of a week or ten days, twice a month safely with great advantage in many cases.

The bi-monthly examination of urine is good, but to be really valuable it must comprise an estimation of the total solids eliminated as well as tests for albumin, for it is not unusual for convulsions to ccur before there is any albumen in the urine, notwithstanding the fact that albumin always appears in the urine with the onset of convulsions, and there is frequently albumin in the urine without eclampsia. At least one complete examination of the urine microscopically, as well as chemically, should be made as early as possible in every pregnancy in order to know if there is any organic disability of the kidneys.

I attach very much importance to the first appearance of clinical symptoms, especially headache, backache, visual disturbances, restlessness, insomnia and anorexia. The fact is, that the normal pregnant woman has a general feeling of well being, or as they say, "I feel good," and any departure from general good health should receive our immediate attention.

The question then arises how best to safeguard the patient's interests in eclampsia without convulsions; or in eclamptic convulsions in primipara with a close cervix, possibly a few weeks premature. I would say, quiet nervous irritation, promote dilution of toxines, secretion and elimination.

There are only a limited number of drugs that are worth considering in emergency. As an anesthetic, ether is the only drug to be considered and its application is very limited. During the convulsion no anesthetic can be used only during the early premonitory symptoms, and one should hardly think of continuing the patient under an anesthetic to ward off convulsions. In my opinion morphine stands high on the list, but to be effective must be give heroically. Morphine is objected to because it checks elimination. This is true of every organ but the skin; but it does quiet the nervous system, slows the pulse and respiration, relieves vascular tension and promotes sweating. A quartette of conditions that are highly desirable from a clinical standpoint, but it should be given if at all in one-third to one-half grain doses hypodermatically, to be repeated with great caution.

Morphine should not be combined with atropine if one desires these results. One advantage of morphine is that every physician always has it in his pocket, so that it is immediately available, and this is not always the case with the other drugs. I have confidence in chloral in these conditions in moderate doses, a maximum of thirty grains, but on account of its de-

Digitized by Google

pressing effects I think it well to fortify it with a stimulating dose of morphine. Sodium bromide is good in large doses, but in so grave an emergency its action is so slow that I think its use should be supplemental to other and more active drugs only.

Veratrum viride is valuable. I know of no contra-indication to its use, only, slow, low tension pulse. If given immediately hypodermatically in full doses and repeated until the pulse is slowed to 60 beats, and the tension relieved, it promotes the action of the liver, bowels, kidneys and skin, in short, secretion and elimination from all the outlets. This is an important result of administering veratum. It may cause nausea and vomiting, but even this is conducive to the welfare of the patient. This plan of treatment borders on the heroic, and perhaps is not applicable to all the milder cases. But we are dealing with desperate conditions and cannot afford any dillydallying in our treatment.

Nitroglycerine or sodium nitrite may be effective in relieving pulse tension, but cannot be depended on to slow a very rapid pulse, and it is a question as to whether drugs that lower blood tension and do no more are of very much practical value in these cases. Pulse tension is often protective in its nature. I consider veratrum a good remedy in high tension, with frequent pulse, when convulsive seizures are not imminent. To promote elimination, I am inclined to believe that we have been using too drastic measures in the way of calomel, epsom salts, Co. jalap, croton oil, sweating, etc.; and while it is well to evacuate the alimentary canal thoroughly with calomel or castor oil, it is not necessary or best to resort to drastic measures. The fact is that sweating, hydrogogue cathartics, and bleeding concentrate the toxines and increases the thirstiness of the blood and tissues. In brief, increases the abnormal condition that we are striving to counteract.

The next most important measure is dilution of toxines, and I know of nothing so effective as the ingestion of large quantities of water. Normal salt solution can be given either continuously or intermittently by the bowels to the amount of two, three or four quarts daily and hot drinks may be given by the stomach. If there is no organic disease of the kidneys they will promptly resume operations. The skin will soon become active, elimination progress rapidly and the patient be on the road to recovery.

In brief, *dilution of toxines is the beginning of elimination and water is the most potent diuretic.* Bleeding may be resorted to, followed by normal salt solution, but I must con-

Digitized by Google

fess that I do not take so much stock in bleeding except in the direst emergency, and in that case the salt solution had better be given intravenously.

Regarding immediate operative delivery, I would let the difficulties of the delivery and environment decide the individual case. If the cervix is dilated or easily dilatable the indications are to deliver immediately by the easiest possible method under ether. On the other hand, if the patient is a primipara with a closed cervix, and possibly several weeks premature, we are "up against" a very different proposition. If there has been no convulsive seizures, or if the seizures are infrequent, I still would advocate quieting, dilutent, eliminative treatment, but if the convulsive seizures are frequent and severe, immediate delivery under surgical anesthesia with ether, by some of the cutting methods, may be the method of choice, and I must say that cesarean section appeals to me in preference to any of the other methods.

In conclusion, I believe that if we attach less importance to the convulsive seizure, only as a symptom of an underlying toxaemia, and proceed to treat the toxaemia by all our available therapeutic resources, omitting the more drastic measures that have been rendered in the way of sweating and cathartics, we will reduce both the maternal and infantile mortality to a minimum.

Epidemic Cerebro-Spinal Meningitis—Five Cases, Five Recoveries.

*By Millard Langfeld, M. D., Omaha.

My paper is an emphatic endorsement of the anti-meningitis serum as prepared by the Rockefeller Institute for Medical Research under the direction of Dr. Simon Flexner. Believing that I cannot emphasize its marvelous curative value better than by a report of my own cases, five in all, and all recoveries, and as this will practically use up all of my time, I must forego a natural desire to support my results by those of others. You will also notice an absence of detail on lumbar puncture, and methods of physical and microscopical diagnosis, omitted for the same reason. These I will be glad to dwell on at the close of the discussion, if they are requested. The cases herewith reported were treated during 1910, four, and one in January and February of this year (1911). Four were treated in hospitals,

---

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911

Digitized by Google

unquestionably the best place, and one at home. The serum used was that sent to me by Dr. Flexner for trial and distribution.

Anti-meningitis serum and the technique of its administration was not the work of a single man. To Bonhoff and Lepriere belongs the credit for first production. Later it was improved by Kolle and Wasserman, Jockmann, William H. Park and finally Simon Flexner. It was first used by all these investigators subcutaneusly, but without beneficial results. Jockmann seems to have been the first to hit upon the intra-spinal administration. As early as 1906 he reported on seventeen cases so treated, with twelve recoveries. The serum he used was prepared practically the same as Flexner's, viz: repeated inoculations of a horse with increasing doses of meningococci killed at 58° C. His work, however, lacked firm confirmation until Flexner, with monkeys, proved the especial value of the intraspinous injections, and then through his connection with a richly endowed institution made a world-wide gratuitous distribution of the serum for trial on human beings on a large scale.

In a general way it may be stated that the mortality in cerebro-spinal meningitis due to the diplococcus intracellularis meningitidis has been reduced to 25 per cent in cases treated with the serum. Dr. Flexner is now at work on a final report of over two thousand cases. However, I will feel in regard to the mortality rate in this disease as most of us feel with respect to the mortality in diphtheria, viz: that our own rate will be better than the general rate if we succeed in making an early diagnosis and therefore begin treatment with the serum in time.

It is to stimulate an interest in the early diagnosis of this form of meningitis that impels me to report my cases in as great a detail as time will permit, asking your especial attention to the manner of onset. Five cases are not many to report, but even among these I think you will be impressed with the fact that its onset is often slower than you supposed—that definite prodromal symptoms lasting from two to seven days precede active symptoms. These later symptoms are often, I am sure, taken to indicate a case of the fulminating type, whereas they are but an aggravation of previous milder symptoms. In saying this I am not unmindful of true fulminating cases—they occur and will forever hold the mortality high; but I am convinced that more attention to history taking, and by placing more importance upon a careful study of cases complaining of headache, photophobia, nausea and vomiting, vertigo and pain in neck and back, followed by examination of the deep reflexes

Digitized by Google

and test for Kernig's sign, will lead to more frequent spinal punctures and through these to a diagnosis of meningitis. These conclusions are based upon the histories of about ten other cases seen by me, but not treated with serum, within the past eighteen months.

I also ask your attention to the quantity of cerebro-spinal fluid withdrawn at one time—as high as 60 c. c. in one case, in an adult; also the quantity of anti-meningitis serum introduced, 60 c. c., to the same individual from whom the maximum amount of c. s. f. was taken. Also to the fact that during the first twenty-four hours two injections of the serum were given in all except one case, the mildest. Finally, to the fact that I believe it best always to give an anaesthetic (my preference in these cases has been chloroform) and that daily injections should be made after the second, under anaesthesia, until the specific diplococcus can no longer be demonstrated by direct slide examination of fresh cerebro-spinal fluid.

The frequency of poliomyelitis during the past two years or more in this and neighboring states has made us cautious and stimulated an interest in premonitory symptoms of the kind mentioned above, so that it may be my suggestions are unwarranted. However that may be, our text-books which we found inadequate then in that disease are at fault in meningitis in the respect that too much stress is laid upon late symptoms, such as retraction of the head, herpes and convulsions and too little upon cases of gradual onset, which I believe are the commonest type —at least in all except very young babies, and in these premonitory symptoms are not easily discovered. Lumbar puncture is a harmless procedure not difficult to perform, and every physician should feel competent to do it. It is in place whenever a patient exhibits symptoms suspicious of meningeal involvement. Should the c. s. f. withdrawn be not as clear as distlled water, introduce thirty to forty-five cubic centimeters of anti-meningitis serum. If the case be not proven specific epidemic meningitis on examination of the c. s. f., no more harm will have been done than the subcutaneous injection of diphtheria antitoxin. Furthermore, only give the anti-meningitis serum when *Gram negative diplococci* have been found; it is valueless in meningitis due to other micro-organisms. We will now pass to a summary of my cases. In this report I omit all reference to family and personal history, since they have no bearing upon the history of the present illness.

Mrs. E. C., age 22, married; pregnant two months. Seen with Dr. S. McCleneghan January 22, 1910.

Digitized by Google

Illness began the afternoon of January 17, 1910, with a chill, which was slight. Eyes had pained her before the chill, but attributed pain to moving picture show she had attended. Later on had a headache, which became so severe during the night as to keep her awake. Next day there was no improvement in the headache and in addition had pains in back of head and neck. By evening of this day her headache was so severe as to cause her to cry with anguish. She was also very restless and irritable and her answers to questions were not always rational. She says she also "remembers a sensation in the back of her neck as if her head were being drawn back." A physician was called during the night whose diagnosis was hysteria, and despite the fact that later she became delirious, vomited repeatedly and had retraction of the head and stiffness of the back, continued in his error. Dr. McCleneghan was called the evening of January 21, and suspecting meningitis, had her removed to the Wise Memorial Hospital. I saw her with him the following afternoon. The important points elicited were as follows: No food taken in three days, apparently from inability to swallow. Delirium almost coma now existing the same length of time. At times cries out and especially resists and moans if moved. Head is sharply retracted, back bowed. Convergent squint of both eyes, pupils widely dilated, corneal reflexes abolished. Kernig sign positive. Four to five blebs, pea to quarter size, over both elbows. Petechial rash over both knees. Temperature 101 (rectum), pulse 116, respiration 30. The symptoms you recognize as typical of cerebro-spinal meningitis. This was the sixth day of the disease.

By lumbar puncture 15 c. c. of a thick, milky fluid obtained. Anti-meningitis serum indicated, but not given because of faulty syringe. Direct examination of the c. s. f. showed numerous polynuclear leucocytes and within a few of them, but for the most part between them, Gram negative diplococci. Cultures of same in Loeffler's alkaline blood serum later substantiated this finding.

The same evening lumbar puncture again performed, 15 c. c. of c. s. f. withdrawn and 45 c. c. anti-meningitis serum introduced.

The effect of this first injection was magical. Three to four hours afterwards she was conscious, calling the nurse for water and then milk.

January 23, 9 a. m. Patient conscious, but cerebrates slowly. Seems dazed, yet realizes that she is in a hospital. Says "she has no pain." Retraction of head and opisthotonus

Digitized by Google

the same. Temperature 100.4, pulse 110, respiration 18. Under chloroform anaesthesia 15 c. c. purulent c. s. f. withdrawn and 45 c. c. antimeningitis serum injected.

January 24, 9 a. m. Although yesterday afternoon was better, towards evening complained of much pain in back of head. Was also quite restless. During night required morphine twice. This a. m. has no pain, but really does not look so well. Temperature 101.8. There is evident greater retraction of the head and severer opisthotonus. Lumbar puncture; 60 c. c. slightly better looking, c. s. f. withdrawn and 60 c. c. antimeningitis serum introduced. Following this injection her condition changed again in a few hours for the better and further treatment merely consisted in daily injections of the serum until the meningococci could no longer be detected in the c. s. f. withdrawn. She received an injection of 30 c. c. on the 25th, 30 c. c. on the 26th, and 45 c. c. on the 27th. February 3 she was discharged from the hospital well, save for slight retraction of the head and marked rigidity of the back. These disappeared in two to three weeks.

This patient was therefore treated from the 6th day of her disease until the 11th. In all 220 c. c., c. s. f. were withdrawn and 255 c. c. anti-meningitis serum administered. It is of interest to know that in normal time she was delivered by Dr. McCleneghan of a healthy child. It is only fair for me to state that Dr. A. P. Condon performed all the spinal punctures in this case except the first, which was done by me.

CASE II.

Wm. S., age 28, widower. Seen with Dr. C. M. Schindel of South Omaha April 30, 1910.

History of present illness: Began April 23. During night of April 22, while feeling quite well, went hunting. The night was clear and mild. Did not feel cold. Returned about 3 a. m. and retired. Awakened about 9 a. m. with slight chill, a severe bi-temporal headache and aching pains all over the body. Dr. Schindel saw him this morning. Temperature 103, pulse 90.

April 24, about same. Temperature 102.5 F., pulse 82, severe headache and general pains.

April 25. Seems better save for headache. Temperature this afternoon 97°F., pulse 52.

April 26. Temperature varies between 96° and 97°F., pulse 45. This day gr. ⅝ morphine required to get relief from severe pains in head. Even with this amount is not free from

Digitized by Google

it and is quite restless. April 27 and 28, practically no change. April 29, temperature began to rise again, reaching 102.6F., pulse 86. Retention of urine makes catherization necessary. Occasional delirium. Twitching of muscles of face. This day gr. 1 1-6 morphine given, despite which much restlessness. Petechial rash noticed over chest.

April 30, eighth day of disease. Patient seen with Dr. Schindel. Patient able to give some account of his illness. Complains of severe pains in head (this in spite of heroic doses of morphine and other sedatives). Slight stiffness of neck and back, but head not retracted. Pupils equal, reactions normal. Kernig positive. Temperature 101°F., pulse 72. Few petechia over chest and legs. Deep reflexes exaggerated. By lumbar puncture 45 c. c. very turbid c. s. f. removed and 45 c. c. antimeningitis serum introduced. Microscopically and culturally the c. s. f. contained gram negative diplococci. Patient slept more this day, but still quite restless and required gr. ½ morphine.

May 1. Not so delirious last night. Voided urine voluntarily the first time in four days. Spinal puncture: Only 5 c. c., c. s. f. obtained, but clearer than yesterday, 45 c. c. serum introduced. Mind clearer this p. m

May 2, 9 a. m. No pain and practically no restlessness reported for last night. Patient is hungry; mind quite clear. Says "he feels fine" and begs to be let off from further treatment on account of anaesthetic.

Spinal puncture: 50 c. c. c. s. f. withdrawn better in appearance than yesterday; 45 c. c. serum injected.

May 3. Patient same as yesterday. As yesterday's c. s. f. still contained a few poorly staining diplococci, by puncture 45 c. c. c. s. f. again withdrawn and 45 c. c. serum injected.

The last c. s. f. withdrawn was negative for the specific coccus, so further injections of serum were not given, although the temperature the next two days rose as high as 100.1 F.

May 6 the temperature was normal all day. May 8, Dr. Schindel reported to me the patient was preparing to sit up.

Total c. s. f. withdrawn 145 c. c.

Total anti-meningitis serum introduced 180 c. c.

Treatment started eighth day of disease, vomiting not a feature of this case.

CASE III.

Leo Graf, age 14, male. Seen with Dr. Simanek September 30.

Digitized by Google

Digitized by Google

Digitized by Google

History present illness: Monday and Tuesday, September 26th and 27th, complained of being tired. On Wednesday, headache and pain in both legs; ate little. Also chilliness and slight fever. Severe frontal headache all day. Thursday (September 29), neck stiff and painful. Temperature 103° F., vomited this night the first time. Friday vomiting continued, became irritable and then rather suddenly violently delirious. This afternoon Dr. Simanek performed spinal puncture by which he obtained about 10 c. c. of a thick, pudulent material. By direct examination and culture this showed Gram negative diplococci.

Admitted to St. Joseph's Hospital September 30th, the same day, at 3 p. m.

Patient maniacal on entrance. Fought nurses and internes. Restraint constantly necessary. Temperature 107.1° F. Kernig, Babinsky and Gorden, all positive. Pupils equal, no squint, no rigidity, but tenderness over nape of neck. Vomiting. At 8:30 p. m. by puncture 15 c. c. purulent c. s. f. removed and 45 c. c. anti-meningitis serum introduced. By 12 p. m. patient conscious and quiet.

October 1, 10:30 a. m. Patient passed an excellent night, perfectly conscious this a. m. Slight retraction of head noticed. Back slightly bowed. Herpes appearing on lower lips. Slight squint. Complains of moderate headache, otherwise says "he feels fine." Retains no nourishment, however. Opisthotonus developing. Temperature 100.2° F.

Lumbar puncture: 15 c. c. very turbid c. s. f. withdrawn, 45 c. c. Anti-meningitis serum introduced. At 11 p. m. the report reads—he had a good afternoon and evening. Is quiet, conscious and in good spirits. Began to retain nourishment about an hour ago.

October 2, 10:30 a. m. Patient had excellent night. Feels good, although marked retraction of head and pronounced opisthotonus which makes lying on his side imperative. Temperature 100.1° F. Takes nourishment well. By puncture 45 c. c. c. s. f. withdrawn, not so turbid as yesterday, and 45 c. c. serum introduced In Loeffler's blood serum mixture no growth from this c s. f., but direct smears show diplococci.

October 3, 10:30. Excellent report for last night. Patient very comfortable. Retraction and opisthotonus same. By puncture 30 c. c., c. s. f. (straw color and clear) withdrawn, 25 c. c. serum injected. Occasional poorly staining cocci seen on direct smear of c. s. f. Cultures negative.

October 4, 10:30. Patient so much improved that no spinal puncture performed and therefore no serum used. This in spite

Digitized by Google

of the fact that a few poorly staining cocci had been seen on smears from last c. s. f. I really wanted to determine for myself whether our patient would get well without further injections of the serum to test the injunction of Dr. Flexner "not to withhold the serum so long as any diplococci could be seen on direct smears of c. s. f." We were disappointed, as you shall hear.

Patient's condition remained satisfactory for three days, but on the fourth day, October 7, there is a record of restlessness, beginning headaches and slightly higher temperature, 101.3° F. On October 8th, of pain in lower lumbar region and greater retraction of head; also "his eyes hurt him." On the 9th his temperature rose to 102.1° F. There was constant pain in the head, with delirium during the night and vomiting. It was quite evident, therefore, that he was having a recurrence of his early symptoms and needed further treatment. Treatment was again given October 10th, 45 c. c., c. s. f. being withdrawn and 45 c .c. serum injected. October 11th, 50 c. c., c. s. f. was withdrawn and 45 c. c. serum injected. After this injection he seemed well again, but an occasional diplococcus could still be seen by direct smears. The following day, October 12th, 60 c. c. s. f. was drawn off and 45 c. c. serum was introduced. As this last c. s. f. was negative for the meningococcus no further injections were given and none were required. Convalescence was gradual, but uninterrupted. The total quantity of c. s. f. withdrawn was 280 c. c.; total serum introduced 295 c. c.

The chief points in this case are the slow onset, the very high temperature (quickly reduced by the serum), and the fact that after four injections of serum there was a recrudescence of symptoms easily controlled by three more injections of the serum.

CASE IV.

Albina P., age 4. Seen with Dr. Chaloupka October 20, 1910. Chronic meningitis.

History of present illness as obtained from Dr. Chaloupka was as follows: Patient complained first the morning of September 18th. Refused to eat breakfast. Had fever that day and the same night a convulsion. Following convulsion vomited repeatedly and this continued the whole next day. This day the temperature was 102° F. There was also some rigidity of the neck and pain when touched along the spine. For a week there was not much change in her condition except gradual loss in weight and mental deterioration. During second week child

Digitized by Google

became blind and lost its hearing. During third week emaciation more pronounced and loss of control of rectum and bladder.

Child admitted to St. Joseph's Hospital October 20th, the fourth week of its illness. Condition on entrance was apparently hopeless. Child lies on its side with head sharply retracted, back bowed and knees drawn up. Emaciation extreme. Child remains quiet if not disturbed, but efforts to examine cause it to emit a piteously weak wail. Pupils are widely dilated and react slightly to light. However, the child does not see and remains passive when a lighted match is thrust suddenly towards its eyes. It also can not hear. Kernig positive. Tache cerebral quite marked. No nourishment taken except by force. Although the thirtieth day of the disease, and so hopeless looking, treatment with serum was begun at once as soon as the puncture showed a turbid fluid containing Gram negative diplococci. Seven injections in all—a total of 275 c. c. of serum, were given before the organisms disappeared completely. The total quantity of c. s. f. withdrawn was 265 c. c.

The child was discharged from the hospital November 8th, well of its meningitis, but blind and deaf. I felt sorry that we had saved its life. Three weeks later I was gratified to hear from Dr. Chaloupka that hearing and sight were both restored and that the child was up and around.

CASE V.

Olive K., age 11; female. Case referred by Dr. Dwyer, February 6, 1911.

History of present illness: Illness began Monday, January 30, 1911. The first thing complained of was a slight headache in the morning, which was not severe enough to keep her home from school. Tuesday about the same. Wednesday attended school, but had to leave during the early part of the afternoon session. This was repeated Thursday and Friday. Friday afternoon took to bed. Headache was then very severe. Neck and back down to the sacrum were painful. Eyes were painful, especially if an object was looked at—and then the object was blurred. The light also bothered her. She complained of buzzing in the ears. On Saturday, the sixth day of her illness, repeated vomiting, the first time since being taken sick. This day she also had severe pains in lower limbs and numbness. The pains would come on suddenly, shooting down the legs, but would only last a few minutes.

Sunday patient had her first chill. This day there was an intensification of all symptoms, stiffness of neck and back, ex-

Digitized by Google

cessive vomiting and severer pain in head. Herpes first seen this day. Sphincters not involved.

Patient entered St. Joseph's Hospital February 6th and was discharged February 18th. She received five injections of serum, 45 c. c. at each injection. Total c. s. f. withdrawn 210 c. c. The c. s. f., which was at first turbid and contained the specific micro-organisms, cleared rapidly and convalescence was uninterrupted. By far this was the mildest case in my series.

My cases suggest the following conclusions:

1. While admitting fulminating cases, a large proportion of cases of cerebro-spinal fever have prodromal symptoms two to six days before acute symptoms, during which stage a positive diagnosis is possible through spinal puncture and microscopic examination of the c. s. f.

2. That there are no dangers to lumbar puncture.

3. That the anti-meningitis serum as prepared by the Rockefeller Institute is a specific for that form of cerebro-spinal fever due to the diplococcus intracellularis meningiditis. Its action is immediate, bringing about:

(a) Rapid restoration to consciousness from delirium and mania.

(b) Equally rapid reduction in temperature, especially if very high.

(c) Miraculous disappearance of pain in head and back; no other drugs required.

(d) Cessation in vomiting.

(e) Direct action on c. s. f., which is made quickly to resume normal condition.

(f) With its use ugly sequelae, such as deafness, blindness, etc., are prevented.

4. That in injecting serum the quantity introduced may be much greater than that withdrawn, care being taken not to use too great force in its introduction.

430 Brandeis Theater Building.

To Bring Them Up Well.

Nurse Girl—"Oh, ma'am, what shall I do? The twins have fallen down the well."

Fond Parent—"Dear me. How annoying. Just go into the library and get the last number of The Modern Mother's Magazine; it contains an article on 'How to Bring up Children.'"—Town Topics.

Digitized by Google

CLINICAL REPORTS.

Rupture of Plantaris Tendon.

By R. R. Hollister, M. D., Omaha.

The plantaris muscle, as you will remember, arises from the lower part of the outer linea aspra of the femur and the posterior ligament of the knee joint. The muscular part extends downward for from two to four inches where it narrows to its tendon which extends downwards and inwards between the soleus and gastrocnemius muscles, running along the inner border of the tendo Achilles to be inserted into the posterior part of the os calcis. The plantaris may be double, it may be wanting or its tendon may be lost in the internal annular ligament or in the fascia of the leg.

The plantaris tendon is the longest tendon in the body and is very slender. Its course down the leg is variable depending on the contour of the calf. It may run well to the inner side if the calf is bulging or well toward the middle in one whose lower leg is less well developed. It is the rudiment of a large muscle which exists in some of the lower animals and is continued over the os alcis to be inserted into the plantar fascia.

In the living body, muscle offers a greater resistance to a force tending to rend it than either tendon or bone, and when it does give way, it is generally at its junction with the tendon. Sedillot found that in 28 cases, division took place at this point in 13. When fingers are torn away from the hand the break usually comes at the junction of tendon and muscle. Wtih the loss of its vital contractile power, muscle loses its advantage over tendon, and the experiments of Richerand and others fully establish the fact, that, as soon as rigor mortis has set in, the muscle breaks rather than the tendon.

Sedillot also, observes that voluntary effort can never rupture a muscle, but that the act must be involuntary as a false step or a sudden endeavor to recover equillibrium. It was noted in 1875 by Dr. Clarke, an English surgeon, that the fibers of the gastrocnemius gave way more frequently than any other in the body, nothing being said about the plantaris.

There is a special form of injury known as lawn-tennis leg, where the fibers of the gastrocnemius are ruptured while playing tennis. This is seen more in young men and there is much disability. On the other hand the plantaris is found broken more often after there is more or less degeneration of tissues i. e. at or past middle age, and the disability is slight as the

Digitized by Google

muscle is a remnant, having no use in the economy of the body.

Besides if the the tear is of any moment the cleft between the ends is palpable and discoloration appears soon, while with the plantaris tendon broken, nothing except swelling is to be seen until the blood has time to gravitate between the soleus and gastrocnemius to come to light at the back of the ankle.

The most illustrious member of the medical profession who has fallen heir to a similar injury was John Hunter, who according to Gray and Treves, snapped his tendo Achilles while dancing at forty.

The symptoms common to ruptures of muscles or tendons are marked pain as if struck by a whip, stone or similar object followed by more or less disability according to magnitude of injury and importance of muscle. There is always swelling and tenderness. A depression may be felt if the trouble is near the surface and extravasation of blood is apparent sooner or later.

Case 1. Male 52, a heavy drinker, while making a stroke at golf, said he was struck in the right calf by a golf ball. On closer questioning it was ascertained that he did not know who hit him, that there was no golf ball found in the vicinity, that there was no redness or external bruise such as a swiftly moving ball would make. There was, however, pain in walking, swelling, and a point over middle of calf very tender.

The leg was tightly cross strapped with adhesive plaster and he went on with his work as usual. A few days after the accident ecchymoses appeared at the ankle and after a week there was no lameness.

Case 2. Occurred in left of same man a few months later, likewise, while in act of hitting golf ball. Tight strapping enabled him to proceed with his daily duties and recovery was prompt.

Case 3. A very large, heavy man of 45, jumped from the street to the curb and felt something snap in the calf of his leg. He kept about his work, was considerably lame and came to see me a few days later. The calf was then swollen, the ecchymosis had appeared below and there was a point of tenderness over the calf making it plain that there had been a rupture of the plantaris tendon.

I remember very well a case that drifted into the out patient in my hospital days. His contention was that some youngster had hit him in the calf of the leg with a stone just as he took a leap. He saw no stone, no culprit and there was no external mark of violence. Swelling of the calf and local tend-

Digitized by Google

erness were apparent which in a man past middle age made rupture of the plantaris the most probable cause.

I would not have you believe that all accidents of this nature that happen to the lower leg are to be construed as rupture of the plantaris tendon. I do think, however, that it occurs more frequently than is usually recognized, and this is my excuse for bringing it to your attention.

Diverticula of the Oesophagus.

By Charles C. Allison, M. D., Omaha.

Diverticula of the oesophagus are sufficiently rare to warrant a clinical report based upon personal experience, with respect especially to symptoms and surgical treatment.

The following history has been recorded by Dr. A. D. Dunn, who was associated with me in the case:

J. W., age 61; lawyer. Came under observation January 15th, 1912. The family, past and personal histories are negative.

Present Illness—Six years ago the patient had what was considered to be an attack of "grippe," which was accompanied and followed by trouble in swallowing. This dysphagia has persisted with brief intermissions of alleviation to date. The cough has been so bad during the last six months that the patient has scarcely slept. He expectorates one to two pints daily in which food particles are present. The ordor is often decidedly fetid and decomposed food is coughed up. On swallowing he has noticed that he must use force in pushing the food out of his mouth and that he must always *"swallow twice."* He says that he has repeatedly told physicians that the right side of his neck bulged after swallowing, but his imagination has always been considered at fault. Coughing is much aggravated by eating. On several occasions he has coughed up decomposed meat or oysters which had been eaten several days before. The sputum is sometimes streaked with blood. There has been no pain exclusive of a slight soreness of the chest. He has lost forty pounds in weight. Emaciation has been irregular; the patient gains during the intermissions. The last three months the loss has progressed steadily. There are no further symptoms of importance on the part of the genito-urinary, gastro-intestinal or nervous systems.

Status Praesens—The patient is a rather small, poorly nourished, anemic appearing elderly man. He seems weak and exhausted. His conversation is constantly interrupted by

Digitized by Google

paroxysms of coughing which, although productive, has a brassy clang. The pupils are equal and react to light; the conjunctivæ are pale. His hearing is normal. Mouth and tongue are normal. His neck muscles are disproportionately well developed. In coughing his neck below the larynx is seen to widen perceptibly. This is also true on swallowing and there are two muscular movements in deglutition. After swallowing a glass of milk regurgitation occurs in which mouthfuls are either expectorated or reswallowed. The neck bulges a little mesial to the right sterno-cleido-mastoid muscles after taking a glass of milk. Pressure on this area will force milk back into the pharynx with a gurgling sound. Sounds or bougies can be passed easily to a distance of eight or nine inches from the incisors, where they are stopped short. A sound could never be passed into the stomach. To exclude a diverticulus or oesophageo-tracheal fistula the patient was given a glass of carmin stained milk. Careful observation showed that the sputum coughed up during the next few hours floated in the milk, but the milk was not incorporated in the sputum at all, which would have been the case had there been a fistula. Repeated examinations of the sputum failed to reveal tubercle bacilli. Blood is occasionally present—usually associated with the decomposed food material.

Lungs—The left apex is retracted. There is an area of dull tympany extending posteriorly at the level of the 2-3-4 dorsal spines to the scapula. The breath sounds over this area are bronchial and there are numerous medium sized moist rales. Bronchophony and whispered pectoriloquy are present. Except for some sonorous rales the lungs are otherwise clear.

Heart—The size and sounds are noraml. The aorta is not enlarged nor is it palpable in the suprasternal notch. The resonance under the first piece of the sternum is impaired. The examinations of the abdomen, feces, urine and central nervous system are negative. Blood examination: Reed 4,800,000; hemoglobin 70 per cent (Dare) whites 9,600.

Bismuth mush was given. The X-ray showed a shadow arising at the level of the cricoid cartilage and extending just below the suprasternal notch. The shadow is a little more to the right than to the left.

Diagnosis: Pulsion diverticulum of the oesophagus, arising posteriorly and to the right at the level of the cricoid cartilage and extending to the manubrium sterni; ulceration in the diverticulum. Bronchiectasis and chronic peribronchial indurative pneumonia at the root of and extending into the left upper lobe. Chronic diffuse bronchitis.

Digitized by Google

There was no blood in the stools. Gentle efforts toward introducing various types of oesophageal bougies were unsuccessful.

The surgical removal seemed to be the only therapeutic course left to follow, because of inability to pass the diverticulum with catheter or stomach tube for the purpose of temporarily improving the nourishment of the patient.

Guided by the cream of wheat and bismuth skiagraph the incision was made along the anterior border of the right sterno cleido-mastoid, the muscles and vessels were retracted to the right and the trachea and larynx slightly to the left, the diverticulum was readily reached and freed from surrounding tissues by blunt dissection, after the fashion used in dealing with a hernial sac, when it was grasped at its base with two gynecological forceps paralleling one another.

The pouch was removed upon the distal side of the distal clamp. The object being to remove the distal clamp and afford the operator an opportunity to sterilize the edges of the oesophageal wound and also have sufficient projection of the edges of the wound to allow the introduction of the first two layers of sutures. The first, including the mucosa, being "O" plain, with intestinal needle, and the second "O" chromic, including the muscular coat, after which the second or proximal clamp was removed, following which silk was used for approximating of the adentitia.

Drainage was employed, although the wound healed without complications, and for five days the patient was fed through a large Naelaton catheter which was introduced toward the close of the operation while the oesophagus was still exposed.

The condition of the patient improved daily, and he was upon liberal soft diet at the end of the week, gaining 17 lbs. in 8 weeks.

Enterostomy.

By J. P. Lord, M. D., Omaha.

A recent success from enterostomy for paralytic ileus, due to post operative peritonitis, prompts the writer to renew his efforts *to popularize this procedure which he believes to be too infrequently resorted to in cases otherwise doomed.

The first presenting loop of bowel is incised. The primary incision and drainage of the bowel is now preferred over the

---

*Transaction Western Surgical Association, 1908-9-11.

Digitized by Google

former method of introducing sutures in the distended bowel, which practice was too often accompanied by needle punctures, leakage and soiling. Three purse-string sutures of 00 catgut are introduced in circles about the small incision in the gut. A firm smooth rubber tube or a number 14 to 20 catheter American scale may be used. The fenestrum in a catheter is usually too small and the end should therefore be cut off. I make a practice of cutting two or three openings and thereby reduce the liability of occlusion. This, however, has seriously interfered but once in eighteen cases. The apex of the cone of bowel collapses sufficiently to prevent leakage in the majority of cases upon removal of the tube about the third day. None have required subsequent operation for closure of the fistula. Two cases closed after silver nitrate injections of needle sized fistulae. Six cases are now known to be living. One recovered and disappeared, one has since died from puerperal sepsis complicated by a presumable return of obstruction. The remaining who died were of a most extreme type, it having been considered justifiable to afford patients doomed to die of obstruction the last remaining chance for life. The recovered cases were all of the last resort class, their lives having been undoubtedly saved by interruption of an otherwise fatal toxemia.

"Your husband does not knock you about as he used to do, eh?"

"No, sir."

"I am delighted to hear it. After all, his heart is in the right place."

"Oh, yes, sir—and the rest of his body, too. He is in jail!"

Denver, Colo.—"Hello, papa!" These words, uttered by a three weeks' old baby, startled not only the parents of the child, but the doctor and a nurse, and the doctor, T. Mitchell Burns, is busy perusing his scientific works trying to account for the case, which is the most unusual that has ever come to his notice.

The baby is Helen Marie, daughter of William Wagner, a former policeman. She is developed physically and mentally far beyond her age, and is one of the most beautiful babies ever attended by the physician. Ability to utter understandable words at her tender age is her most remarkable accomplishment.

Digitized by Google

ABSTRACTS.

Air Sickness.

Air sickness in aviation is described by Dr. R. Cruchet as analogous to mountain sickness, and as due to sudden changes in the atmospheric pressure. Aviators are said to be often affected, at altitudes above three thousand feet, with quickened respiration and heart beat, headache and nausea. In the descent, after partial and temporary adaptation to a more rarified tmosphere, the conditions are reversed and the rapid increase of pressure leads to palpitation, suffocation, tinnitus, vertigo and somnolence. Cruchet believes that some of the fatal accidents have been due to the aviators becoming momentarily unconscious from these physiological phenomena and thereby losing control of the machine.

The Cost of Children.

"The Cost of Children" is discussed in the February 10th Outlook by Martha Bensley Bruere. The doctor's bill plays an important part in the cost, and, under certain circumstances, the nurse's. A priori, it does not seem right that a government should permit the birth of a citizen to tax the parents. Again we find ourselves becoming convinced that physicians should be paid as the police—or the army, if the comparison is liked better—are paid. The services, growing more and more prophylactic as intelligence and education increased, of an efficient medical or surgical specialist should be rendered to rich and poor alike, whenever required and at the general expense. As disease refuses to respect state lines, this must with us become a federal concern.

Iodine In Smallpox.

Rockhill has, during the past year, used a ten per cent iodine and ninety per cent glycerine solution, painting it over the pustules two or three times a day. The results are drying of the pustule, the absorption of the toxine, and arrest of destruction of the tissue; therefore, the disfiguring due to pock marks has been prevented. The stay at the hospital has been shortened from twenty-five to thirty days under the old treatment to from eight to fifteen days. The pustules on the face may be opened with a sterile instrument and touched up with tincture of iodine. Desquamation is frequently completed in

Digitized by Google

from four to six days, except a few pustules on the palms and soles. These may be opened, touched with tincture of iodine, and the patient then discharged. The author has treated eighty-five patients by this method during the past year, with 100 per cent recoveries, and with an average stay in hospital of twelve days. The favorable action of the iodine depends upon its valuable antiseptic properties.

Acute Tonsilitis.

In considering the prophylaxis and treatment, Schonemann (Practitioner, August, 1911), holds that the tonsils represent lymphatic glands of the neck, draining the pharyngeal mucous membrane. The normal function of the tonsils is the same as that of all lymphatic glands. Tonsilitis is, therefore, nothing more than an inflammation set up by infection brought by the lymphatics. Infection of the tonsils by way of the surface is very rare; the origin of the lymphatic vessels which end in the tonsils is to be found in the nasal mucous membrane. And it is possible that every cold in the nose may set up tonsilitis, although such need not necessarily occur. Upon such bases Schonemann has now discontinued all local treatment of inflamed tonsils. Instead he gives plenty of salicylate internally —gr. xlv of asperin in a quarter of an hour, with a large quantity of tea in order to promote sweating. The interior of the nose must be examined, and if any hypertophy is found, all such must be removed surgically—not by electric cautery. For disinfection of the nasal mucosa, Schonemann instills a 2 per cent callargol solution.

Oil of Camphor In Purulent Peritonitis.

Notwithstanding the great progress which modern surgery has made in the treatment of abdominal disease and the prophylaxis of peritoneal infection, purulent peritonitis remains, when once established, a very deadly malady. It is especially when acute disease of the vermiform appendix has been treated with insufficient promptness that this fatal complication remains familiar to the surgeon. Hence suggestions are heard from time to time urging the use of chemical agents, as well as saline irrigation and flushing of the peritoneum, which so often proves insufficient. Dr. Krecke, of Munich, recommends oil of camphor for this purpose and claims excellent results. He treated with complete success eleven cases of acute general purulent peritonitis, all resulting from perforation of a slough-

Digitized by Google

ing appendix. The time which elapsed between the development of peritonitis and the application of oil of camphor to the peritoneal cavity ranged from eight to eighty hours; the age of the patients from ten months to seventy years. The abdominal cavity was quickly opened, the appendix amputated, the pus wiped away and then 100 Cc. of a one per cent sterilized solution of oil of camphor was poured into the peritoneal cavity. It was carefully distributed over the whole area of the peritoneum by means of gauze sponges, etc. Then the abdominal cavity was closed and a rubber tube holding a strip of gauze placed in the wound.

Dr. Krecke advocates the use of oil of camphor as a prophylactic measure in all abdominal sections where the peritoneum is already infected. He read his report on the treatment of his eleven cases at a meeting of a medical society in Munich last winter. In the discussion which followed Dr. Schlafl stated that very strong solutions are in use at Basle. Prof. von Herff introduced from 30 to 50 Cc. of ten per cent solution of oil of camphor into the peritoneum in fifty-three cases where the peritoneum was infected before operation. All but one case recovered. Dr. O. Burckhardt has proved that streptococcal infection of the peritoneum in white mice after injection of oil of camphor seemed to be completely neutralized, although other infected mice not treated with the oil died rapidly with all the symptoms of fulminating peritonitis.

Immunity from Poliomyelitis.

Muller, in Deutsche Med. Wochenschrift, states that one attack of acute infectious poliomyelitis probably produces immunity. This acquired immunity has been experimentally proved in monkeys, which suggests the presence of specific anti-bodies in the blood. Such bodies have now been demonstrated. A fine emulsion of the central nervous system, to which, as in rabies, the virus is attached, is injected into the brain of monkeys. The animals develop poliomyelitis. But if the emulsion is mixed with an equal volume of the blood serum of an animal which has recovered from the disease and the two are left in contact for a sufficient time, intra-cerebral injection of the mixture has no ill results. This neutralization of the virus by immune serum in the test tube has been proved so often and with so many modifications of technique that no doubt remains. The circulating anti-bodies are probably the cause of acquired immunity. They are not, however, the cause of

Digitized by Google

congenital immunity, because the blood-serum of such naturally immune animals as horses, rabbits and fowls has no power to neutralize the virus in the test tube.—Med. Stand.

Hemophilic Bleeding Checked by Foreign Blood.

J. H. Sayer, M. D., Cozad, Neb.

Patient.—A boy, aged 13, of Danish parentage, with frequent attacks of rheumatism during the last few years. He was a hemophiliac and gives the history of several hemorrhages treated by physicians and dentists, with no complete control of hemorrhage in less than fifteen days. One of the worst was from the tongue, and was finally controled by actual cautery after two weeks of bleeding. Two days before my visit, the boy had been struck above the right eyebrow by a pump handle. The extravasated blood gravitated to the upper eyelid and formed a tumescence which projected at least one inch from the forehead. This burst at school and I was called twenty-four hours later.

I found projecting from the eyebrow a hollow cone formed of blood which had slowly coagulated, from the end of which blood was dropping at the rate of one drop per second.

Treatment and Result.—I removed the cone, cleansed the parts, and found an opening in the skin, three-eighths of an inch long, from which the blood ran freely. I applied in succession hot compresses, ice, epinephrin, iron, caustics and collodion dressings following pressure, none of which had any effect for over five minutes at a time. I then determined to try the following experiment: I cleansed the wound thoroughly and had a hot compress applied with considerable pressure. I then made an incision in the third finger of my left hand, under sterile conditions, and removing the compress, allowed my blood to drop on the wound. A clot formed immediately and not one drop of blood again escaped. After assuring myself that the effect was not temporary, I applied a light dressing and left the patient.

Thirty-six hours later the patient, in his sleep, tore away the dressing and reopened the wound. I was then called and found the hemorrhage as profuse as in the beginning. I again used my blood with the same instantaneous result. I then made a Gifford eye-shield, which I removed three days later, and found the wound completely closed.

This procedure may not be a new one, but it was so to me, and may be of interest to those who are dealing with this class of cases.—J. A. M. A.

Digitized by Google

Surgical Treatment of Puerperal Sepsis.

Dr. Palmer Findley, in writing of the "Surgical Treatment of Puerperal Sepsis" (Interstate Medical Journal, Vol. XVIII, No. 11), concludes as follows:

1. As yet we possess no reliable clinical or bacteriological guides in the early management of puerperal sepsis.

2. Operative treatment, when administered in a timely and skillful manner, can do much to prevent the extension of infections. But it is well to bear in mind that untimely surgical interference and the faulty application of surgical measures may be productive of much harm.

3. Retained placental tissue should be removed before the onset of septic infection. Membranes may be left to nature unless they protrude from the cervix or interfere with drainage. In virulent streptococcic infection, the infection organisms may gain access to the blood through the wounds created in the act of removing the placenta; hence, in these cases, it is better to encourage the spontaneous expulsion of placental tissue by the administration of ergot. Failing in this the uterus must be emptied by mechanical means. The fingers are preferred to the curette or placental forceps. If, for anatomical reasons, the infected placenta cannot be removed, and no blood invasion or metastasis exists, hysterectomy may be considered.

4. Puerperal ulcers should not be curetted for fear of extending the infection.

5. If hysterectomy is to accomplish anything, it must be performed when the infection is confined to the uterus. Under these conditions, and in the presence of multiple abscesses of the uterine wall, of infected fibroids, of inaccessible placental tissue, of perforation of the uterine wall and possibly of infected appendages, hysterectomy is advised. It is questionable, with our present endowments in diagnosis and prognosis, if we are ever justified in removing the uterus in the early stages of puerperal infection, while the infection is confined to the uterus, and in the absence of the above mentioned complications.

6. The timely ligation of veins in puerperal pyemia may forestall a general infection; but as in hysterectomy it must be done before the development of a general bacteremia and metastasis, and the infected thrombi must not extend beyond the common iliac vein, nor can it be bilateral to this extent.

Digitized by Google

7. The treatment of acute diffuse puerperal peritonitis is free drainage, the problem involved is that of early diagnosis.

8. Pus accumulations within the appendages, the paramentrium or the pelvic peritoneal cavity, are seldom highly virulent and can therefore usually await the subsidence of the acute stage. In these cases drainage should be established per vaginum, rarely through an incision immediately above Poupart's ligament.

New Typhoid Fever Test.

Prendergast (in the Medical Record, December, 1911), describes a new means of making an early and sure test for the presence of typhoid fever. The test consists in injecting with a fine hypodermic needle a few drops of a suspension of dead typhoid bacilli of the strength of not less than 5,000,000 per c.c. This strength may be easily made by taking the ordinary typhoid vaccine now on the market and diluting it as follows: Take one drop of the 1,000 million vaccine and add to it twenty drops of sterile saline solution. Mix thoroughly. After the solution has been injected endodermally (care always being taken to raise as superficial a bleb as possible and with a well mixed solution), in twenty-four hours the non-typhoid patient shows absolutely no reaction. The reaction (as a rule) begins to appear in twelve hours, reaches its maximum in twenty-four hours and has disappeared in forty-eight hours. Any redness after forty-eight hours is considered an infection and is not taken as a reaction. The test should be repeated with better precautions against infection. Rub the skin at the point of injection with alcohol, have a clean hypodermic syringe and needle and use fresh sterile vaccine. This test gives no constitutional reaction (rise of temperature, malaise, chill, etc.), and has no elements of danger. In the negative cases (controls) a few patients have complained of slight soreness and itching at point of injection twelve to twenty-four hours after the injection. This quickly subsided without treatment and gave no further trouble. The author makes a preliminary report of twenty-seven unselected cases. He enumerates the following advantags of the test: No danger to patient; no danger from live culture (as in Widal test); no constitutional or local after effects; no microscope, no blood of patient required; appears early, one case three days before the Widal; how early future cases and a greater number will show; simple and easy to apply; no wait for laboratory report; seems to establish the diagnosis of typhoid fever even after the lapse of years (in two cases, three and six years previously).

Digitized by Google

Digitized by Google

Digitized by Google

NOTES AND NEWS.

Dr. Hansen of Elk Creek is now located in Brownville, Neb.

Dr. Jones of Merna, Neb., has recently removed to Cotesfield.

Dr. Stanard of Tamora, Neb., has removed to Valparaiso, Neb.

Dr. F. W. McCaw of Arlington, Neb., has removed to Colon, Neb.

Dr. J. Deever of St. Joseph, Mo., has recently located in Tecumseh, Neb.

Dr. Alfred Crane of Brownville, Neb., has removed to New Orleans, La.

Dr. Ayers of Syracuse, Neb., has removed to Alvin, Tex., on account of failing health.

Dr. J. D. Hare and Dr. E. O. Vahue of McCook, Neb., have gone to California to reside.

Dr. Eli H. Long has resigned as secretary of the Medical Department of the University of Buffalo.

The British Medical Association will hold its eightieth annual meeting in Liverpool July 23-26, 1912.

Dr. C. G. Rice of Brainard, Neb., has decided to locate in Elk Creek, where he will make his future home.

Dr. F. H. Bostwick of Hayes Center, Neb., slipped on an icy sidewalk and sustained rather serious injury in February.

Dr. John W. Churchman of Baltimore has been appointed assistant professor of surgery in the Yale Medical School.

Dr. W. F. Reynolds, for many years a physician of York, Neb., died in a hospital in Los Angeles, Cal., at the age of 67.

Dr. William Loughridge, Milford, Neb., has removed to the state of Washington, where he will make his future home.

An epidemic of spinal meningitis is reported from Richardson county, in the neighborhood of Vernon, Barada and Falls City.

Dr. George B. Shattuck, who has been the editor of The Boston Medical and Surgical Journal for more than thirty years, has retired.

Dr. Warren P. Morrill, formerly of Baltimore, has assumed his duties as superintendent of the General Hospital of Winnipeg, Canada.

Fire of unknown origin destroyed the medical and dental buildings of Minnesota university, estimated as worth $60,000, on March 1.

After months of the courts it has finally been decided that the St. Louis Board of Education may enforce its rule for compulsory vaccination.

Dr. B. C. Elms, formerly of Chadron, Neb., but recently of Kennewick, Wash., is said to have returned to Chadron to take up his medical work again.

Dr. F. A. Nash, for a long time a physician of Seward, Neb., has sold his business to Dr. Hewitt of South Bend, Ind., and has removed to Buell, Idaho.

Dr. A. A. Noyes of Mason City, Iowa, has retired from practice at the age of 89, with the record of being the oldest practicing physician in the country.

Dr. J. F. Atha of Courtland, Neb., has disposed of his practice to Dr. F. T. Schowengerdt, formerly of Papillion, Neb., and has removed to Sterling, Neb.

Dr. E. L. Smith, a prominent physician of Shelton, Neb., and a counsellor of the Nebraska State Medical association, died in Kansas City about the last of February.

Digitized by Google

Dr. T. D. Thompson of West Point, Neb., recently celebrated the thirty-sixth anniversary of his arrival in that city. He is the oldest practitioner in the county.

The state medical examining boards of Utah and Idaho have entered into a reciprocal arrangement by which certificates granted by either board will be honored by the other.

Dr. George P. Barth, chief medical inspector of the Milwaukee schools, announced the opening of the fourth public school class for stammerers in the Twentieth District School.

Dr. Simon, a bacteriologist of Zurich, Switzerland, died January 5, 1912, from septicaemia, due to the bite of an infected mouse. He was endeavoring to prepare a serum.

News came from London, England, on the 11th, of the death of Joseph Baron Lister, who is known the world over as the pioneed of antiseptic surgery. Lord Lister died at the advanced age of 84.

Dr. J. H. B. Adams, Indianapolis, has recently been sentenced to thirty days' confinement in the city jail and fined $25 and costs for misbranding a medicine in regard to the perçentage of certain ingredients.

Dr. John W. Wainwright, New York, has purchased the American Practitioner and News, founded in Louisville forty-five years ago by Dr. David Yandell, and will move its headquarters to New York.

A branch laboratory of the Minnesota State Board of Health has been opened in Mankato, in charge of Dr. Chelsea C. Pratt, who has been connected for six years with the state board laboratory in St. Paul.

New Jersey has passed a law requiring its insane and defectives to be sterilized and Governor Wilson has appointed a commission composed of two physicians and two laymen, who are connected with public institutions, to supervise the work.

The College of Physicians and Surgeons of St. Louis is said to have brought suit against the Missouri State Board of Health for $200,000 because of its action taken in withdrawing recognition from the college, alleging that such action was based on trivial reasons.

At the meeting of the executive council of the Kansas State Medical Society, held January 10 in Topeka, it was decided to hold a two-day meeting in May at Hutchinson, with a banquet. Dr. James W. May, Kansas City, was elected editor of the Kansas Medical Society Journal.

The new building of the New York Post-Graduate Medical School was opened January 11 to inspection and use. The plant provides for eleven operating rooms and groups of teaching rooms for each of the departments, besides extending the capacity of the hospital service to about 400 beds.

Dr. A. C. Stokes has resigned from the committee on medical defense in the Nebraska State Society, and the resignation has been accepted by the president. We understand the reason for the resignation was difference of opinion in the committee over the methods of handling the Medical Defense Fund.

The Minnesota State Board of Health will build a portable hypochlorite plant in order to treat the water of any place in the state where typhoid fever breaks out. A permanent plant of this kind reduced the typhoid death rate in Minneapolis the moment it was put into operation, and now very few cases in the city can be traced to the city water.

South Dakota has raised its requirements for medical licensure. The amount of preliminary education has been increased and oral and practical laboratory work is required in the examination of candidates. The state

Digitized by Google

has had no reciprocal relations with other states until recently, when such relations were established with North Dakota and Nebraska.

The freshman class of Tulane University, medical department, has adopted the honor rule, which is in force throughout the university. A member of the class has been tried recently for violating the honor system during an examination, and the class committee has reported the case to Dr. Isadore Dyer, the dean, with a recommendation that the guilty individual be expelled.

The Medical Society of the District of Columbia has recenly appointed a committee on public instruction in medical matters, with Dr. Tom A. Williams, chairman. The work of this committee will be to issue weekly articles to appear in the Sunday papers, in which they will present simple hygienic facts and precautions. Infectious diseases, as in the past, will continue to be looked after by the health department of the district.

Under the auspices of the Louisiana State Board of Health, Dr. Rudolph H. Von Ezdorf, Mobile, Ala., U. S. P. H. and M. H. Service, delivered a lecture at Shreveport January 31 on the meningitis epidemic. At this lecture several reels of motion pictures, describing the work of the State Board of Health, were exhibited. A second lecture was given in Shreveport February 6, at which still other motion pictures describing the work of the board for the improvement of health and sanitary conditions were shown.

Dr. Henry A. Christian has resigned as dean of Harvard Medical School, to take effect September 1, 1912, and as physician-in-chief of the Carney Hospital, to take effect June 1, 1912. He will retain his position as Hersey professor of the theory and practice of physic in Harvard University. These changes were made by Dr. Christian in order that he might accept the position as physician-in-chief of the Peter Bent Brigham Hospital, which will be opened about November 1, 1912. Dr. Christian has been granted a leave of absence beginning April 30, to go abroad to study foreign clinics and methods of work.

The physicians of Lincoln have recently organized the Lincoln Academy of Medicine, which is designed to provide a library, museum and meeting place for an independent organization of the members of the Lincoln medical professions. This institution is not intended to take the place of the county society, but to provide a medical club with features that have not been attainable so far in connection with the other organization. The officers elected are: Dr. J. S. Welch, president; Dr. G. O. W. Farnham, first vice president; Dr. R. B. Adams, second vice president; Dr. H. W. Orr, secretary; Dr. H. P. Wekesser, treasurer. These five officers also constitute a board of trustees, which shall conduct the affairs of the academy subject to the approval of the membership. Headquarters of the organization are at present in a specially appointed room in the fine new building of the Y. M. C. A.

In response to an invitation given by Dr. J. R. Arneill of Denver and Dr. Wilkinson, secretary of the Denver City and County Medical society, Dr. H. Winnett Orr of Lincoln read a paper before the society in Denver, Tuesday evening, February 6, on "The Prevention of Deformity." A series of lantern slides were used to illustrate the paper which dealt with the work of the Nebraska Orthopedic hospital. The paper was generously discussed by Dr. Ely and Dr. Packard, who were engaged in orthopedic work in Denver and who praised very highly the work being done in the Nebraska institution. Dr. Orr was guest at a dinner on Monday evening given by Dr. Arneill to sixteen of his associates on the faculty of the department of medicine of the University of Colorado, at which Dr. Harlow of Boulder, dean of the school, was also present. Dr. Harlow, Dr. Amesse, Dr. Ross Whitmann, secretary of the faculty, and Dr. Orr were graduates in the same class in the University of Michigan, 1899.

Digitized by Google

SOCIETY MATTERS.

DR. F. H. LONGLEY'S BIRTHDAY.

On Thursday, March 7, 1912, Dr. F. H. Longley, president of the Lincoln County Medical Society at North Platte, Neb., celebrated his 79th birthday.

Dr. Longley is no doubt among the oldest practitioners of medicine in the state of Nebraska today. Born in the year 1833, he graduated from the Eclectic Medical Institute of Cincinnati in 1867 and began the practice of medicine.

Later he graduated from the College of Physicians and Surgeons of Keokuk, Ia. Forty-five years ago he came to Nebraska and was among the pioneers who have developed the "Golden West."

Although at times Dr. Longley's health is poor, he takes an active interest in the advancement of medical science and is ever ready to lend his aid for the betterment of the profession.

SEMI-ANNUAL MEETING OF CEDAR, DAKOTA, DIXON, THURSTON COUNTY MEDICAL SOCIETY.

The semi-annual meeting of this society will be held at Emerson, Neb., April 15, 8 p. m.

"For a moment decline, ye healers of men,
Your feats in the calomel and ipecac line,
While you shut up shop, your neighbors can go
The round about road to the regions below."

Mrs. J. A. Maronde extends a cordial invitation to doctors' wives during the meeting of the society. The medical society desires their attendance at the banquet after the scientific program. The program:

"Functional Diseases of the Stomach".....William Ream
Discussion Opened.....C. C. Sackett
"Etiology, Diagnosis and Treatment of Gastric Ulcer".....B. J. Leahy
Discussion Opened.....L. J. Townsend
"Recent and Chronic Gastritis".....C. E. Cook
Discussion Opened.....G. E. Hart
"New Growths of the Stomach".....B. B. Davis
Discussion Opened.....J. P. Dougherty
"Rheumatic Hemorrhagic Purpura," with report of a case.....
.....C. C. Tomlinson
Discussion Opened.....F. J. Murphy
"Epidemic Cerebro Spinal Meningitis," with report of a case.....
.....W. F. Herron
Discussion Opened.....J. K. Graham

Banquet.

Toastmaster, C. C. Sackett.
"The Doctor in Court".....Judge G. T. Graves
"What I, As a Visitor, Have Observed About Nebraska Doctors".....
.....J. P. Dougherty
"The Doctor's Wife".....Mrs. J. A. Maronde
"Why I Am Desirous of Attendance Upon the Meetings of This Society"
.....M. L. Hildreth
"One or Two Suggestions for Physicians to Keep in Mind".....
.....J. M. O'Connell

Society Officers—President, J. M. O'Connell, Ponca; vice president, F. B. Evans, Dixon; secretary-treasurer, John Buis, Pender.

Censors—B. J. Leahy, Jackson; W. F. Herron, Pender; A. E. Cook, Randolph.

Digitized by Google

BOOK REVIEWS.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE.

By James M. Anders, M. D., Ph. D., LL. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Tenth revised edition. Octavo of 1,328 pages, fully illustrated. Philadelphia and London. W. B. Saunders Company, 1911. Cloth, $5.00 net; Half Morocco, $7.00 net.

A very good work, in which most of the later therapeutic methods have been given some space. The author is very conservative in recommending the different biological preparations and necessarily so with regard to Salvarsan As is customary; pathology and etiology receive generous attention. The tables of differential diagnoses are complete and of unusual interest. Most of them being original with the author.

The metric equivalents are given, following the old system in all of the prescriptions.

E. G. Barnhardt, Omaha.

TREVES' SURGICAL APPLIED ANATOMY.

By Sir Frederick Treves, F. R. C. S., Sergeant-Surgeon to H. M. the King, Late Lecturer on Anatomy at the London Hospital. New (6th) edition, thoroughly revised. Pocket size, 12 mo., 676 pages, 137 illustrations, of which are many in colors. Cloth, red edges, $2.50, net. Lea & Febiger, Philadelphia and New York, 1911.

Sir Frederick Treves is a commanding figure in the medical world of today, and it would be risking nothing to consider the Surgeon in Ordinary to the King of England as the leading surgeon of Great Britain. He was for many years a teacher of anatomy, and to these qualifications he joins an excellent literary style. His ability was early shown in his "Applied Anatomy," wherein he condensed a large subject into a small volume. It has been a favorite wherever English is read, and has passed through successive large editions. In it the student finds an admirably clear text-book to finish his anatomical course with its applications, and the general practitioner and surgeon values it equally for masterly guidance in his responsibilities. The new edition has been thoroughly revised and the book starts again in its career of usefulness.

A TEXT-BOOK OF PHYSIOLOGY.

The New (4th) Edition Revised.

A Text-Book of Physiology: for Medical Students and Physicians. By William H. Howell, Ph. D., M. D., Professor of Physiology, Johns Hopkins University, Baltimore. Fourth Edition, Revised. Octavo of 1018 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $4.00 net; Half Morocco, $5.50 net.

From three prior editions and six reprints this fourth edition is the evolution of a book of over 1,000 pages from one of 500 pages issued in 1905. Ten issues in seven years. This tells the story of its appreciation. The contents of the book testify to the earnestness with which the author approachd his task. A successful teacher and an earnest student has here garnered what is fact and of value to the seeker after truth in the realm of physiology.

It is a one man's book. It houses the inspirations and ambitions of one man and his love is contagious; the reader must be callous indeed who is not stimulated by it to efforts worth while.

The publishers have fathered the book from its inception and they have done well by it.

A. S. M.

Digitized by Google

LITTLE'S EPITOME OF ANATOMY.

A Manual for Students and Practitioners. By John F. Little, M. D., of the Jefferson Medical College, Philadelphia. New (2d) edition, enlarged and thoroughly revised. 12 mo, 491 pages, with 75 engravings. Double number. Cloth, $1.50 net. The Medical Epitome Series. Lea & Febinger, Publishers, Philadelphia and New York, 1911.

That this work has fulfilled the purpose for which it was designed is shown by the demand, which has exhausted several printings of the first edition, and has now led to the call for a revision, in which it has been brought thoroughly up to date and improved in many ways. The present revision has been placed in the hands of Dr. John F. Little, of the Jefferson Medical College, Philadelphia. This arrangement is an admirable one, for not only is the author well equipped for his task, but he has also availed himself of the valuable suggestions of Professor E. A. Spitzka, one of the foremost anatomists of this country. The volume therefore should be of the utmost assistance to students for purposes of quizzing, and to physicians and surgeons for refreshing their memory on anatomical points.

NERVOUS AND MENTAL DISEASES.

By Archibald Church, M. D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in Northwestern University Medical School, Chicago; and Frederick Peterson, M. D., Professor of Psychiatry, Columbia University. Seventh edition, revised. Octavo volume of 932 pages, with 338 illustrations. Philadelphia and London. W. B. Saunders Company, 1911. Cloth, $5.00 net; Half Morocco, $6.50 net.

Church & Peterson have just placed, through W. B. Saunders & Co., a new edition of their work on Nervous and Mental Diseases, before the profession. This is the seventh edition of this justly popular work, and reflects much credit on the authors mentioned. It has been thoroughly revised and will be found useful to both the student and general practitioner. Many chapters will have been found almost entirely re-written and brought up to date, especially those dealing with Poliomyelitis, Ephasia, Pellagra, and diseases of the Pituitary body. The motor neuroses, psychoneuroses and so-called functional diseases all have received a generous share of revised attention. That portion of the work devoted to Mental diseases is especially well amplified and the various classifications of the British and French Association as well as Kraeplins well-known division of the subject, and that of the New York State Commission in Lunacy are all mentioned. The subject is treated in a broad, comprehensive manner and where one book only is desired, especially for the busy practitioner this latest edition of Church & Peterson is recommended, and what is said relating to the general practitioner may with equal truth be mentioned for the student. Previous editions of the work are so well known that it is useless to go into detail concerning the general scope and methods adopted throughout the work.

DISEASES OF THE SKIN AND THE ERUPTIVE FEVERS.

By Jay Frank Schamberg, M. D., Professor of Dermatology and Infectious Eruptive Diseases in the Philadelphia Polyclinic and College for Graduates in Medicine. Second edition revised. Octavo of 573 pages, 235 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $3.00 net.

The first edition of the text was issued in 1908. Since that time many advances in dermatology have made it necessary to revise several portions of the text.

In the present edition, the article on Blastomycosis has been re-written and added to materially. Pellagra, which is now of more interest to us than

Digitized by Google

previously, has been taken up in greater detail. The article on the treatment of Syphilis has been re-written in order to bring in the use of Salvarsan.

New cahpters have been added on the Wasserman reaction, Sporotrichosis, Grain Itch, Vaccine Therapy and the treatment by Refrigeration, especially the use of solid carbon dioxide.

As in the first edition, a separate chapter is devoted to the Exanthemata, giving them in more detail than we usually find in texts of Skin Diseases.

Another chapter of notable interest treats of the eruptive phenomena of such diseases as Typhoid Fever, Typhus Fever, Epidemic Cerebro-spinal Meningitis, Influenza and a number of other acute infectious diseases that are not ordinarily included among the Exanthemata.

The increased number of illustrations with the various revisions and additions to the text should serve to make this edition a popular one to both student and practitioner.—Charles McMartin, Omaha.

PRACTICAL ELECTRO-THERAPEUTIC AND X-RAY THERAPY.

By J. M. Martin, M. D., Dallas, Texas. Published by C. V. Mosby Company, St. Louis. Price $4.00.

The author begins with the rudiments of electricity, and reviews the fundamentals which one must necessarily know if he intends to do electrotherapy and radiology. Careful review of the balance of the book demonstrates that it is based on practical experience. Particular attention has been given to the X-Ray treatment of malignant growths. The Doctors experience in using the X-Ray prior to operation in certain cases where surgical treatment may be of some value, is the experience of other Roentgenologist in this and foreign countries and both the surgeon and radiologist should welcome a book that gives us the relative value of a line of treatment which has proved clinically to give these patients the longest number of days in which to live free from pain. The Doctors view of not incising these growths for microscopic examinations until they have been thoroughly rayed has certainly saved many of his patients from metastatic involvement.

It is unfortunate that a book about which so many good things might be added to all that has been said, has not given us any of the recent advancements in diagnosis of disease of the alimentary canal, and also omitted the great value of the radioscopy and its relative value when compared with radiography.

However, considering the many good things, and also that it would be very difficult for any one man to write a complete treatis on such a new and rapidly growing department of medicine it would necessarily excuse the author, when one considers the title, which he has chosen for his book, and to which he has added six chapters on Roentgen diagnosis.

W. H. Mick, Omaha.

SURGICAL CLINICS OF JOHN B. MURPHY, M. D.

At Mercy Hospital, Chicago. Volume I, Number I. Octavo of 133 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1911. Published Bi-Monthly. Price per year: Paper, $8.00; Cloth, $12.00.

This, the first number of the "Surgical Clinics of John B. Murphy, M. D." represents a new departure in medical publishing. It is a departure, however, that must appeal at once to the medical man, because it is extremely practical clinical teaching.

These are not students' clinics but Dr. Murphy's famous clinical talks at Mercy Hospital, Chicago, for physicians only. A point we want to mention is that these "Clinics" are published just as delivered by Dr. Murphy, being reported verbatim by an expert medical stenographer. In this way they

Digitized by Google

retain all that individual force and charm so characteristic of the clinical teaching of this distinguished surgeon.

These "Clinics" are being issued in serial form, one number every other month (six months a year.) Each number is to contain 130 octavo pages, illustrated. The price (sold only by the year has been fixed at $8.00 in paper binding, $12.00 in cloth.

PROGRESSIVE MEDICINE FOR DECEMBER, 1911

Is made up of a review of the literature of the past year upon Diseases of the Digestive Tract and Allied Organs by R. S. Lavenson, M. D., Diseases of the Kidneys by J. R. Bradford, M. D., Diseases of the Genito Urinary Organs by Chas. W. Booney, M. D., Surgery of the Extremities, Shock, Anaesthesia, Infections, Fractures and Dislocations by Joseph C. Bloodgood, M. D., and a Review of Therapeutic Measures by H. R. M. Landis, M. D.

In the first section Atony and Obstruction of the Oesophagus are considered and the etiology and treatment of Gastric Ulcer and new tests for Carcinoma of the stomach are reviewed. Acute Gastric Dilatation a subject always interesting is reviewed at some length. The treatment of Chronic Constipation with Zutgers peristaltic hormone is reported with good results. Krauert's use of it in a case of Paralytic Ileus, with apparently good results, is mentioned. Lipowski's method of treating Chronic Constipation by the injection of parafin is considered. Appendicitis is reviewed thoroughly and the resemblance between Appendix Dyspepsia, as it is called, and the gastic neurosis on the one hand and grave organic disease of the stomach on the other is considered. The articles on Syphilis of the liver and Cholelithiasis are valuable.

In the chapter on Diseases of the Kidney an article by Larkin on Dropsy in Heart and Kidney disease, is thoroughly reviewed, his conclusions may be summarized as follows: 1. That renal dropsy may be primarily mechanical. 2. It may be the result of toxic materials formed or stored in the body. 3. That it may depend upon the primary retention of the chlorides. Urinary antiseptics are considered by Jordan in the Biochemical Journal and reviewed here.

Under Genito-Urinary Diseases, tuberculosis of the bladder and kidney and hypertrophy of the prostate are considered thoroughly.

Bloodgood's review of the Infections is very complete although it is not so much a review of the literature as a review of his experience covering eighteen years at the Johns Hopkins Hospital and other hospitals. His review of the literature on fractures is comprehensive and his suggestions as to the treatment of the various forms are, as would be expected,—valuable.

Landis' review of the literature on serum therapy, vaccines and Auaphylaxis and the use of the extracts of the corpus luteum, pituitary body and the thyroid is interesting and helpful.

Progressive Medicine is always made up of a resume of the important literature of the medical sciences and as such is of value to the specialist and general practitioner as well. This number is no exception to the rule.

Frank M. Conlin, M. D., Omaha.

NAMING THE TWINS.

"Well, Doc, what shall their names be?" asked a proud father as he kissed his twin daughters, then two hours old. "I think," replied the doctor, "Kate and Dupilicate will be appropriate.

Two years later he was again called on for names, this time on bouncing boys. "Well, friend, I'll say Peter and Repeater."

And still again the honor was given him a few years later. This time the old man looked puzzled. At last—"I say, John, 'Max and Climax' is the most appropriate."—National Monthly.

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00 The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

Dr. A. G. HAMILTON, Thermopolis, President Dr. W. H. ROBERTS, Cheyenne, Secretary
Dr. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. E., Rock Springs.

Vol. XVII. CHEYENNE, WYO., APRIL, 1912. No. 4

ABSTRACTS.

Anuria.

A. D. Dunn, Omaha (Journal A. M. A., February 17), gives a history of a case of suppression of urine for 114 hours in a middle-aged man. The condition was that of acute edema of the kidney—cause unknown. The patient had suffered from headaches for two or three weeks. The operation of decapsulation was performed with complete success, but Dunn thinks that treatment with hypertonic sodium chlorid and sodium carbonate solution, as has been advised by Fischer, since this operation was performed, would have been eminently advisable in such a case. The rationale, however, of decapsulation in this patient's case is clear, and the operation should be reserved for similar crises in which an occasional brilliant result may be expected. Dehydration in the patient was very rapid and subcutaneous, and continuous rectal salines were employed to prevent threatening collapse. The recovery was uneventful and the patient, two and a half years after the operation, was alive and well. Repeated urinary examinations up to the present have revealed no chemical nor morphologic abnormalities.

Fixation Abscess After Infectious Diseases.

Dr. J. Carles (Progres Med., No. 20, 1911) calls attention to the observation that in typhoid fever, pneumonia and other in-

Digitized by Google

fectious diseases bacteria circulate in the blood, and that when carried to distant parts having a reduced resistance power they may excite suppuration, with the production of abscesses. As no means have been discovered to rid the blood of these pathogenic organisms, the idea occured that by producing artificially such points of lowered resistance it might be possible to collect them in such places and thus remove them from the circulation. Upon this principle is based the method of Fochier of establishing what he terms fixation abscesses by injecting turpentine into the subcutaneous cellular tissue of the leg. These injections, which are repeated, if necessary, evoke a violent phlegmonous inflammation, which, however, subsides in a few days. The resulting abscesses are opened during the period of convalescence and the pus evacuated. If the abscess threatens to burst spontaneously, another fixation abscess is established at another place. Owing to the marked germicidal action of turpentine the pus is sterile, and the abscesses therefore should be treated according to strict aseptic precautions. Another beneficial effect of such fixation abscesses consists in the promotion of phagocytosis and an increase of the bactericidal power of the blood.

Postoperative Empiricism.

S. T. Pope, Watsonville, Cal. (Journal A. M. A., October 21), criticises certain traditions of the treatment of postoperative cases, such as the food withdrawal before operation, refusal of water after operation, postoperative purgation, etc. The starvation, he says, has often developed a fatal acidosis and we have given beef tea or malted milk when we should have used carbohydrates and alkalies. After all general anesthesias he says it is a good procedure to let the patient drink repeatedly, at intervals, a glass of water containing a dram of sodium bicarbonate. If this is vomited it is a good gastric lavage; if retained it tends to forestall acid intoxication. He ridicules the fear of constipation after operation and the use of depressant cathartics. The colon tube should be abandoned as of no use; a simple rectal enema will reach all needed parts possible to be irrigated in this way. Morphine, he says, does not favor the production of ileus. Used with judgment it is a beneficent agent after operation, relieving pain and not masking anything to the discerning eye. Giving carminatives for tympanites and hiccup should never be permitted. Their use is irrational and wholly futile. Whatever the demonstrations of Chile or Henderson have proved as regards the nature of shock, they have

Digitized by Google

made it clear that the hypodermic medication usually indulged in at this time is foolish. Salt solution can be used to excess and conservative measures, such as constriction of the extremities, are better than flooding the system with water. In simple collapse no drugs are indicated and moderate hemorrhage causing fall of blood pressure is probably conservative as tending to produce hemostasis and coagulation. The vasomotor system will readjust its physiologic balance itself if given time. In every case demanding catheterization, hexamethylenamin should be given in sufficient doses to prevent an ascending infection from cystitis and the value of the remedy in infections of the meninges, gall-bladder and serous cavities in general should be sufficient to prompt the employment of this valuable drug. It would be a good routine to give it in every case of confinement. The burden of his article is, he says, that we do a lot of stupid things because others have done them and we should be governed more by the well-proved experiments of modern research and simplicity should be the dominant element in postoperative treatment.

Hexamethylenamin.

D. Vanderhoof, Richmond, Vt. (Journal A. M. A., February 3), says that since its first introduction into medicine hexamethylenamin has become widely extended in its therapeutic applications. As a result of the suggestive reports of its utility when given by the mouth and the evidence of its elimination through various secretions, he began to employ this drug in the fall of 1910 in all cases of common colds that came under his care and in patients suffering from acute or chronic bronchitis. An investigation of the literature supported his views, showing that it could be of value in these conditions. In his treatment of colds with this drug no other remedies have been employed except an initial purgative and subsequent care to see that the bowels remain open. Large doses were found best and as a routine he gives ten grains dissolved in a glass of water four times daily for three to seven days, after which it is discontinued. The patient is instructed to drink water copiously during the time the drug is being taken and he has had but one patient that complained of any irritation of the bladder which ceased promptly after omission of the drug. Two cases of chronic antrum infection which had resisted operative measures and prolonged local treatment induced him to recommend this treatment as a prophylactic against sinus infection

Digitized by Google

from common colds. In the treatment of both acute and chronic bronchitis hexamethlyenamin produces results, he says, that are incomparable with the usually employed remedies. It is decidedly effective in colds, even when the bronchitis stage has been reached, but its chief value is in preventing this. Some cases do not respond to it and in these it is presumed that structural changes have occurred that would preclude the hope of successful treatment by any remedy.

Nitrous Oxide Anaesthesia in Adenoid and Tonsil Operations.

Gundelach has found that the anaesthesia produced by nitrous oxide is of sufficient duration, not only to perform a complete amygdalectomy, but to remove the adenoids as well under a single administration. Ordinarily it takes on an average of thirty seconds to anaesthetize a child and forty-five seconds for an adult. It should be remembered that the patient is not carried into the stage of cyanosis. It is possible by means of the Sluder method to enucleate both tonsils and remove the adenoids in less than thirty seconds. Nitrous oxide is contraindicated in the case of obese plethoric individuals or those having atheromatous arteries, and while some have warned against nitrous oxide in infancy, Gundelach has seen no ill effects from it even in very young infants. The only other contraindicatio to his mind is in those cases where the status lymphaticus is suspected, a condition frequent in infancy, often existing without having caused definite symptoms, but nevertheless having caused a hyperthrophy of the pharyngeal ring of lymphatic tissue as a part of its pathological course.—Interstate Medical Journal.

In Hospital.

"Please tell me," said the quizzing Prof.
At nurses' lecture-drill,
"When would you say a man to be
Most dangerously ill?"

"A man," replied a pretty nurse,
The youngest that was present,
"A man's most dangerously ill
When he is convalescent."

—K. M. S.

Digitized by Google

Digitized by Google

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Nebr. Per Annum, $2.00 The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. JONAS, M. D., President
F. E. COULTER, M. D., Vice-Pres't
H. L. AKIN, M. D., Sec.-Treas.
H. L. BURRELL, M. D.
H. GIFFORD, M. D.

A. L. MUIRHEAD, M. D., Editor.

C. C. MORISON, M. D., Associate Editor

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H. L.
Allison, C. C.
Akin, H. L.
Bryant, D. C.
Bridges, W. O.
Burrell, H. L.
Crummer, LeRoy.
Coulter, F. E.
Condon, A. P.
Conlin, F. M.
Crowley, C. F.
Christie, B. W.
Davis, B. B.
Dunn, A. D.
Foote, J. S.
Gifford, H.
Henry, W. O.
Henry, E. C.
Hollister, R. R.
Hamilton, H. P.
Jonas, A. F.
Lake, F. W.
Lemere, H. B.
Mack, A. E.
Milroy, W. F.
Moore, R. C.
Moriarty, Pierre C.
McClanahan, H. M.
Owen, F. S.
Pollard, C. W.
Rich, C. O.
Rix, R.
Stokes, A. C.
Somers, A. B.
Schalek, Alfred.
Sumney, H. C.
Towne, S. R.
Long, F. A., Madison.
Sward, E. J. C., Lincoln.
Anderson, A. B., Pawnee City
Von Mansfelde, A. S., Ashland
Hopkins, S. R., Hastings
Artz, C. V. Hastings.
Coats, A. J., Fairbury.
Dayton, W. L., Lincoln.
Everett, M. H., Lincoln.
Hilton, D. C., Lincoln.
Hildreth, M. L., Lyons.
McConaughy, R., York.
McDonald, R. C., Fremont.
McKinnon, A. I., Lincoln.
Mitchell, A. R., Lincoln.
Orr, H. Winnett, Lincoln.
Poynter, C. W. M., Lincoln.
Pickett, I. N., Odell.
Quigley, D. T., North Platte.
Rork, L. W., Oxford.
Talbot, W. E., Broken Bow.
Wilson, W. H., Lincoln.

Vol. XVII. OMAHA, NEB., MAY, 1912. No. 5

Reform or Be Reformed.

In the editorial columns of the Journal of the A. M. A. for February 24th appears an article under the question, "Shall We Reform or Be Reformed." The article goes on to cite the action of the Erie County, New York, Medical Society, the board of regents of the University of New York and an editorial in the Brooklyn Eagle, on the subject of fee splitting.

The editorial above mentioned demands that physicians institute a radical reform, and if this is not done speedily, that the state put an end to secret commissions.

This evil, started some years ago in an innocent and probably thoughtless manner, has, in consequence of the sharp rivalry and competition among surgeons, and the blighting com-

Digitized by Google

mercialism of the present day, grown to be of such magnitude that it has become a stench in the nostrils of right thinking medical men, and is rightly engaging the attention of the general public. Said a prominent surgeon in one of our cities to the writer some time ago, "There is only one other man in our city except myself but what pays commissions, and I am not sure about him."

Now the writer believes that he was stating it too strongly, because he does not want to believe that conditions are so bad, but that the offense is prevalent and blighting to the cause of decent medicine no one can doubt.

We all know that a liberal if not the greater part of the work of surgeons of today comes through the hands of the general practitioner, the family doctor. The complaint of the latter is that he is not getting his share of compensation and this complaint is, as a general thing, true. But the secret commission is not the proper remedy. A leading specialist, a short time ago, related to the writer an experience of his as follows: He was called some distance in consultation. As he was leaving the case, the regular attendant asked the amount of his bill. He answered it would ordinarily be $75.00, but on account of the financial condition of the family, etc., $50.00 would be all right. The attending doctor said, "You may charge them $75.00 if you will allow me $25.00 of it." This stipulation he promptly and rightly repudiated.

Probably not until selfishness and greed are eliminated from the human animal will all abuses and wrong doing cease; but we, as a profession, owe it to ourselves, to the community, and to decent medicine, to at least put our stamp of condemnation on this glaring evil or else dissipate and dissolve the beautiful halo of altruism.

We can, if we will work unitedly, correct the abuse to a large extent. The writer has always maintained, and has so expressed it several times in the house of delegates, that publicity is the only and proper remdy. When you put your hand on the purse of the individual and show him that he is being secretly flimflammed, you will arouse his interest.

Digitized by Google

There is a belief prevalent in the minds of the general practitioners that the surgeon is getting a little more than his share. The validity of this claim might be questioned by some, but surely the proper remedy is not for the family doctor to ask the surgeon for a secret commission. This would be an imposition on the surgeon, and a fraud on the public.

The writer has for more than thirty years been associated more or less intimately with surgeons and specialists, and has received only kindness and consideration at their hands, and has never asked or received a commission.

To handle this question justly and properly is a difficult and delicate matter, but the time has come when it must be met boldly, if we would redeem ourselves and escape the stigma which, under present conditions, is inevitable.

The united profession should get together and formulate a plan by which the public should be educated to the fact that it shall not be exploited and robbed.

In the individual case, when the family doctor has been called, has made a diagnosis and decided as to the need of an operation, and he is in a measure responsible for this decision, the interests are divided between him and the surgeon to whom the case is taken or sent, and it would be but reasonable that a minor portion at least of the fee should go to him, and the patient, or his representative, should be so advised. This, to the mind of the writer, would remove the odium of present conditions, and ought to, in a measure at least, prevent the underhanded competition among surgeons and perhaps lessen the number of damage suits instigated through jealousy and envy.

There are many sides, phases and viewpoints to this question and it might be discussed indefinitely, but enough has been said to furnish food for thought.

Will we correct the evil, or wait till an outraged public interposes by legal enactment? HILDRETH, Lyons.

To Anxious Correspondent: Yes, a dermatologist is a skin doctor, but we do not mean that he will skin you. All skin doctors are not dermatologists. We hope we make it clear to you.

Digitized by Google

The Fifth, the Hospital Intern College Year.

At the conference of the Council on Medical Education, A. M. A., at Chicago, February 27, last, among other noteworthy occurrences, to which we may refer in later issues, a paper by Professor Reuben Peterson of the University of Michigan entitled "The Relation of the Medical School to the Intern or Hospital Year" and a discussion thereof by the president of the American Medical Associaton, Professor John B. Murphy, deserve extended notice and consideration.

We quote from Dr. Peterson's address:

"As a matter of fact, the fifth clinical year in medical education is already in existence. Already a certain number of each graduating class take a year or more of hospital training and this tendency is increasing rather than diminishing. In other words, a majorty of students are insisting on more than the medical school requires. The fifth or intern year as a part of the medical school curriculum must come sooner or later. It is a part of the ideal plan just outlined. The withholding of a diploma until the fifth or clinical year is satisfactorily completed is essential to good discipline and efficient work and until it is a part of the curriculum the medical educators will not take as vital an interest in it as in the first four years of the course. Let it be an integral part of the course and then it will be developed and its greatest efficiency secured."

A circular letter was addressed by a committee to 155 hospitals, having one hundred or more beds, and the following questions asked, to which ninety-two responses were received:

"Calling for information regarding the number of beds; the number of interns; their manner of appointment; the nature of examinations; length and nature of service of the intern and his relaton to clinical laboratories. Inquiry was also made regarding the pathological department, the out patient service, library facilities and the accommodations for and authority over interns."

"In our zeal for science," declared Dr. Murphy (and no written word can convey the intensity of his utterances and impart the depth of his convictions) "*we must not forget the patient.* The whole practice of medicine radiates about him. Our students must be prepared to leave school and go out with sufficient knowledge to treat the patient. At present he cannot

Digitized by Google

do that. We spend too much time on the theory of medicine and not enough on the practical side. There is no school except that of medicine which does not try to give the student all of the practical work possible. The technical schools are concentrating on this effort and are making a great success; we should do likewise. In my opinion the best way to bring our students in touch with the practical side of medicine is to require that they spend a year as intern in some good hospital. *But it should be a good hospital."* (Italics our own.)—(Chicago Record-Herald, February 27, 1912).

It may be emphasized here that the addition of a fifth year to the medical education of a young man or woman is of vital importance; it adds one-fifth to his medical course, makes him a year older before he faces the inevitable and all know that the older, the more timid he becomes. It is the young, with courage undaunted, who will walk where angels fear to tread and serious must be the necessity for delaying their onward march toward the winning of the way.

These premises admitted, we strongly second the position of Drs. Peterson and Murphy in this matter, with the proviso, however, *that the hospital course must be a good one.*

And be it understood that the *good* hospital does not of necessity and, in fact, does not always, certainly not today, imply the existence of a good hospital course therein. This abides with and is consummated by the *clinical teacher,* and even he, great as he may be in learning, will fail utterly if he cannot supply the one thing wanting, the one the student was deprived of by our modern course of instruction, the *preceptor,* the godly man, whose "fellow feeling made him wondrous kind."

"Whose manly gentleness
Grew never less,
Who pitied all distress
  And to the needy gave
From out his scanty board
More than he could afford
  To succor and to save."

Who also, little by little, opened for you the door of the sick

Digitized by Google

room, in whose sacred precincts scenes unrolled themselves you had not even dreamed of before; he taught you to open the hearts of sick people to you, in the folds of which you discovered weaknesses and fortitudes, arousing your pity and your admiration and a resolution to be like him, the seeds of your future success.

As Dr. Murphy says, "Medicine is not an art and it is not a science, but it is an art to which science is applied. The purpose of medical education is to prepare men to treat patients. The patient is the unit around which the medical universe revolves. These are basic principles that have been lost sight of in our modern trend of education. Why? Just look over the division of the students' time. As a student he devotes a certain number of hours to laboratory work, to experimental work, to dissections and clinical work, then ask yourselves: How are the best practical men produced?

The writer has been through the mill himself, he has also taught more or less successfully some of these things to many students; he certainly values these things highly and thinks them necessary; but he has nevertheless pitied these students with all his heart, because all these things failed to teach them that the testtube, however much of the chemical composition of normal and, abnormal fluids it may reveal, never taught how quickly to assuage the agony caused by an inflamed bladder or of a passing gallstone! The microscope may reveal the germs in the excretions of the lung of tuberculosis or of pneumonia, but it does not tell how to stop the air hunger and the distressing aches of a chest, convulsed by a racking cough. And has it not happened that before the testtube revealed the abnormality of the secretions of the kidneys and the microscope the nature of the germs in the excretions from the lung, that pain and exhaustion have snapped the life thread?

And who can prevent it? Surely only one, the *clinical teacher,* who has imbibed the essence of medicine, the application of scientific deductions to the rescue of the sick and the dying at the bedside of the hospital ward—his grave responsibility, willed to him by his great prototype, his preceptor of

Digitized by Google

long ago, must become the keynote of his endeavors—he must teach the student at the bedside without loss of time to inspire hope, to convert apparent failure into success, to convert the darkness of despair into the sunshine of victory; of the victory of scientific medicine, artfully and promptly applied. Then and only then will the fifth year, the intern hospital year, become of great value to the young physician and the hospital itself, *the good hospital,* which is a crying need of the times, both for the students and patients.

A. S. v. M.

The Industrial Education of the Crippled and Deformed.

There is a growing tendency on the part of those who are engaged in public as well as private philanthropy to direct their efforts toward the prevention of dependency rather than simply to provide care for those who become dependent. This tendency finds expression in many ways which are comparatively new. To some of us, at least, none of the newer ways of providing against dependency is more interesting or more profitable than the correction of deformity in children or the proper care of those prospective cripples suffering from chronic disease. A surprisingly large number of such patients, especially if cared for during childhood, may be converted from helplessness to a state of complete or comparative independence.

Those of us who have been engaged for some years in the hospital care of these children, however, are having it forced upon us that hospital care alone is not sufficient to establish the permanent independence of such individuals. A considerable number of our orthopedic patients are, by reason of the nature of their disabilities, unable to avail themselves of the ordinary opportunities for acquiring an education. It is not uncommon, therefore, for such patients at the completion of their hospital care to find themselves several years behind normal children of the same age in the matter of their school work. Not only this, but many of these patients even at the completion of hospital care and when all has been done for them that can be done, find themselves physically unequal to the perform-

Digitized by Google

ance of all the duties of any given trade or occupation. The mere statement of the problem suggests the answer, which is that such children during their hospital care and afterwards should be carried along by means of special methods of instruction, so that when the hospital care has been completed they may, as rapidly as possible, be provided with such an education as will enable them, no matter what their condition, to perform some duties by which they can earn a livelihood.

A number of industrial training schools have already been established, but a very small percentage indeed of such patients can now be cared for with the educational facilities that are available. For example, the Widener Memorial School at Philadelphia, which is one of the finest examples in the world of the form of philanthropy which I have suggested, has a million dollar plant, with an endowment of three millions more, but limits itself to the care of less than two hundred children. All of these children in the Widener School, however crippled or deformed, are being given the best of hospital care and provided with such instruction as will render them absolutely independent. This agency is, therefore, doing a tremendous amount of good and doing it in as nearly an ideal manner as possible. It can readily be seen, however, that many more such agencies, even if they must be carried on at less expense of money, must be provided for such individuals.

The Nebraska Orthopedic Hospital has made a beginning in this direction, but only a beginning. All of our children, both those who are up and the bed patients who are able to do so, recite daily to competent teachers in lessons which correspond as nearly as possible to those which children of the same age are having in the grade schools. Cooking, sewing and bookbinding are also being taught to those who are able to do those kinds of work. Other courses of instruction contemplated at the present time are horticulture, picture framing and photography. Two of the older girls, formerly patients in our hospital, are already independent; one is a seamstress and the other a telephone operator.

It is quite important for the institution which provides

Digitized by Google

hospital care to supervise the launching of these patients in occupations which will make them independent. There is a great danger that such patients if returned to their homes, either because of lack of means or because of over sympathy on the part of parents or friends, even though much improved as to their physical condition, will relapse into a state of dependency. Constant stimulation and intelligent supervision are necessary with these children as with others to have them use such energy and ability as they have toward proper ends. Teachers and equipment must be provided in increasing measure to supplement our hospital work if a full realization is to be obtained of the plan to make these patients independent.

The State of Nebraska has been making rapid progress along the lines of caring for its orthopedic patients and by doing just a little more our institution will stand in the very forefront of those which are being devoted to work of this particular kind.

H. Winnett Orr (Lincoln, Neb.)

The Tramp Problem.

The tramp problem seems to be in process of solution if we may judge by the enthusiasm with which everyone approves the plan for a colony where these sick people can be segregated, studied and cured. The old theory that they were perfectly healthy men too lazy or vicious to work has been definitely and permanently abandoned as untrue. To be sure we all feel the grind of work and long for periods of rest and recuperation, but this does not alter the other fact that a healthy man takes to work like a duck to water. Any one who elects to endure the frightful sufferings of vagabondage when by a little industry he can make himself comfortable, is by the very act proved to be abnormal. He simply cannot work—and that's the end of it. The old plan of forcing him, in his enfeebled state, to do hard labor for which he has to go to the limit of his physique, being given neither the muscles nor energy, is as brutal as compelling an old bank clerk to work as a stevedore. Besides, it merely increases the basic neurathenia. The modern way is correct be-

Digitized by Google

cause it has succeeded in every place in Europe where it has been tried. Each case is taken to the colony, fed, clother and rested so that he can build up and do such work as will not exhaust, but strengthen him. Meantime he is studied by experts to find out what broke him down, and whether he is such a congenital weakling that severe strains are wholly out of the question. Curiously enough some of these sufferers are men of considerable intelligence with powers of concentration which tempted them to work beyond their limit of daily recuperation. They used up their capital instead of living within the vital income. Some have exhausted themselves in sedentary work involving nerve strain, which we now know is a very serious matter. Hobo printers and barbers must be advised to abandon their old trades and taught new one involving no strain which cannot be recovered from by the night's rest and sleep.—American Medicine.

The following, sent us by a country physician, illustrates one of the diagnostic difficulties met with in country practice:

"Dear Sir Mr. Doctor: My Mother she is sick on Liver and stomach Trouble. she got Belleache all Day. Some times she is offle Bad. So that she can't do Her Work. I wish you could Give Her the Best Medicine you got for That stomach and Liver is Her trouble, and she got to trow up all the time and Her Bowels Won't Move very Good. Send the Medicine along With Mr. L. B. ———. She is 50 years old, and she got Pain in the Back to. She come Herself, But the Roads are to Bad, and to far. she can't Make the Trip. she trows up Gall. So that's all.

"Much oblige if you send Medicine out.

"Respectfully yours,

"B. B———."

Little Nelly told Anita what she termed a "little fib."

Anita—"A fib is a story, and a story is the same as a lie."

Nelly—"No, it's not."

Anita—"Yes, it is, because my father said so, and my father is a professor at the university."

Nelly—"I don't care if he is. My father is a real estate man and he knows more about lying than your father does."—U Presbyterian.

Digitized by Google

ORIGINAL ARTICLES.

The Fly As a Communicator of Disease.

By W. H. Wilson, M. D., Lincoln, Neb.

In view of the fact that the fly season is virtually with us once more, it occurred to the writer that a brief article on the fly might be opportune and something of a variation from the purely scientific articles that go to make up the bulk of medical periodicals. There are several varieties of flies that may be found in the home, but the very large per cent of flies that are prone to infest the residence is the variety known as the common house fly. Those who have made the most extensive investigation and study of the fly, its life, and habits and who may be said to be authority on the subject tell us that by far the most prolific breeding place for flies is horse manure, but that they breed to considerable extent in human excreta. The fly will deposit her eggs in these delectable places of incubation usually in quantities of about one hundred and twenty eggs at a laying and in warm weather these are hatched and appear in the form of maggots in eight to ten hours, passing through the various stages of development so rapidly that in ten days they become fully developed flies, ready to go forth and do business on their own account and carry out their special mission of annoyance to mankind and supply him with abundance of filth and disease germs. Also to do their part in depositing more eggs to produce more flies. It thus becomes apparent with such a short period of incubation and development that the individual fly may produce many generations of its species in a single season. Hatched in filth and nurtured in filth in the larval stage makes the fly by nature a scavenger and lover of filth. All who have observed its habits know that no carrion or filth becomes too nasty for the fly to feast on and yet it has a fondness for the food which we eat and a persistent desire to invade our homes. Herein lies the danger of the fly to mankind for it will make rapid and frequent trips from the nearby horse stable, open closet, gutter or other equally filthy places, and if any possible avenue of entrance be permitted to the home, it is sure to enter and, with its feet, legs and wings laden with filth and pathogenetic germs crawl over the table, dishes and cooking utensils and wade through the food that the family are to eat, and may chance give an occasional hypodermic with its germ laden proboscis, thereby carrying disease direct into the human circulation. Thus it becomes apparent how easily the fly may become

Digitized by Google

a distributor of disease by being permitted to mix the germs of disease in the food to be eaten. This was clearly brought out among our troops in camp in the south during the Spanish-American war. It is now so generally accepted by the medical profession that the fly is a fruitful source in communicating typhoid fever, tuberculosis and other infectious diseases of a communicable nature that the writer does not deem it necessary to any more than call attention to the fact, but the laity are not so fully informed on the subject, hence do not recognize so clearly the real danger of the fly as a carrier of disease. It would seem then to be the duty of every physician to instruct his patrons and friends on this subject, for is not the physician looked upon by the public as being the source from which the public must largely derive its knowledge for the prevention of disease. How important then at this time of the year for each physician to not only instruct the people on the manner in which the fly becomes a source of infection, but also as to where and how rapidly it breeds and the most efficient means for lessening and abating the nuisance and danger. People should be urged to keep horse barns clean and instructed not to allow accumulation of manure heaps, also instructed to keep garbage cans scrupulously covered, they should be advised to build privies as near fly proof as possible and instructed to treat the vaults daily with lime and every possible known breeding place for flies should be carefully done away with. The home should be closely screened and war made on every fly that may possibly pass the portals. Local boards of health should be urged to see to it that streets, alleys and back yards are kept as free as possible from an accumulation of the material which is known to be a nidus for the fly. The writer is of the opinion that if the physicians and boards of health of this state will earnestly and energetically work along the line indicated, our people will soon be aroused to action and the fly menace and nuisance will not only be very much lessened, but ere long almost disappear from our cities and towns.

Prostatectomy.

*By A. I. McKinnon, M. D., Lincoln, Neb.

Any surgical operation in order to receive the unqualified endorsement of the medical profession should fulfill certain requirements, namely:

---

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

1. It should cure outright or greatly ameliorate the affliction for which the patient seeks relief.

2. The mortality should be almost zero, or at any rate not greater than five per cent, even in the hands of average operators.

3. The convalescence from operation should not be unduly prolonged nor unusually disagreeable and painful.

In other words, if we can assure a patient that we can relieve him from some distressing malady by an operation, with little danger to his life, with a period of convalescence not longer than a few weeks, and with the assurance that on recovery his symptoms for which relief has been sought, are entirely relieved, then surgery is certainly to be recommended.

From a personal experience of almost 100 suprapubic prostatectomies during the last eight years I can most unqualifiedly recommend it as an operation that will relieve the symptoms, has a couvalescence not much longer than an ordinary appendectomy and has practically no mortality.

This paper is presented to again urge upon the profession as strongly as I can the simplicity, the low mortality, the absence of shock and the brilliancy and gratifying results of supra pubic prostatectomy.

It is unnecessary to go into the symptoms of prostatism, as they are familiar to everyone. There is just one point in diagnosis that I should like to remind you of again, and that is the bimanual palpation of the gland. I will not burden you with a recital of complictions nd sequelae of the operation. You can find them in text books and in papers and discussions of this subject in medical societies, and, speaking from a fairly large experience in doing this operation, it is the only place as yet that I have found them. So I will pass them.

I have operated on men over eighty years old. Three eighty-four years old with excellent recoveries. So that age is not a contraindication. I have operated on some with organic heart lesions, with limbs swollen and dropsical and had good recoveries. Heart lesions are not contraindications. I have operated on cases with uraemia, etc., with a temperature as high as 102 degrees, with good recoveries. So that these troubles are not contraindications. I have operated on cases with hemorrhages and blood clots in the bladder, with acute retention, the bladder extending up between unbilicus and ensiform, and got good recoveries. So that these are not contra-

Digitized by Google

indications. As yet I have never seen a patient whom I refused to operate on, no matter what complications he had. I have not as yet given a patient any preliminary treatment to get him in condition for operating. I operate first and then give the treatment afterwards. I have never operated on any other class of surgical cases and had such grateful patients. In a word, I am an enthusiast on prostate surgery. With these few introductory remarks I shall describe briefly the operation I do on the prostate.

The operation of suprapubic prostatectomy I do is as follows:

Make incision through skin and superficial fascia well up above the symphisis. With handle of knife separate muscles and insert tip of left index finger. Now turn on the water and as the bladder distends it is a simple matter to pull up the prevesical fat and peritoneum with it; the bladder does not need to be very much distended. Now, when you have peritoneum and fat pushed up out of your way a quick puncture is made through bladder near its apex. The finger is introduced through opening and as bladder empties finger is pushed down into internal meatus. Now introduce one or two fingers of gloved right hand into rectum and push up prostate; with the finger in the prostatic urethra it is but the work of a moment to shell out the gland from its capsule. The gland is delivered with tenaculum forceps and the operation is complete, many times in less time than it takes to tell it.

Some iodoform gauze is now pushed down along the finger and packed in place from which prostate was removed and entire bladder may be filled with it if necessary in badly infected cases.

I do not sew bladder to abdominal walls; they get along as well without it and it saves time.

Gauze is left in from three to six days. The gauze packing is an important part of the operation, as it drains the urine as fast as it is secreted and there is no danger of urinary infiltration, etc. There is no odor of decomposing urine about the room, as it does not have time to decompose in bladder on account of the capillary gauze drain and frequent change of dressing prevents it on outside.

The points I wish to emphasize are:

1. Make opening in bladder high up near apex and you avoid possibility of urinary fistula remaining.

Digitized by Google

2. Packing with iodoform gauze checks hemorrhage, insures perfect drainage and prevents urinary decomposition as well as urinary infiltration.

Methods of Skin Grafting.

*By F. B. Hollenbeck, M. D., Lincoln, Neb.

1. We are accustomed to believe that all surgery is a modern science. It is unquestionably true that surgery has made great advances since modern aseptic methods were discovered and practiced so that now the veriest tyro ventures where the greatest of ancient surgeons feared to tread. Apparently a modern surgeon now requires the necessary armament and sufficient knowledge of aseptic means and but little else before attacking any part of the human body. As a matter of fact the better equipped a surgeon is the more he is apt to weigh and consider before operating. However, in spite of their lack of antiseptics, the ancient surgeons were able to accomplish many things which no doubt helped to allieviate human suffering. As early as 1500 B. C. the covering of skin defects was practiced, as we know from a papyrus of about that date. Celsus and Galen wrote upon plastic surgery. The surgeons of India, however, brought this operative procedure to a higher development, turning plastic flaps from the cheek and forehead upon the nose. They even transplanted pieces of skin from a distant part to fill a facial defect.

The art seems to have been lost from about the time of Christ until the fifteenth century, when it was rediscovered or was brought to Italy through knowledge of the ancient Indian methods. Here plastic surgery was still further developed by fixing pediculated flaps from a distant region, as from the arm to the face. But few seem to have had success owing, no doubt, to lack of the proper technic, and rhinoplasty again fell into disuse.

2. The credit for artificial skin implantation in modern times is given to Reverdin. Noticing that islands of epidermis were often seen in the midst of granulating wounds and reasoning that these arose from the epithelium of the deeper portions of the glands of the skin, Reverdin concluded that if epidermis could be transplanted upon a granulating surface and be induced to grow, such a defect would be sooner healed and with a better end result. Accordingly he removed two small bits of

*Read before the Nebraska State Medical Association, Omaha, May 2, 3 and 4, 1911.

Digitized by Google

epidermis from the upper arm and implanted them upon a granulating surface. Fortunately both lived and grew. Reverdin's discovery was not immediately accepted, however, but it found supporters, a few in France, more in England and America, the method soon spreading to Germany, Russia, Italy and again to France.

The operation is performed by lifting the epidermis upon the point of a needle, or other sharp instrument, and removing a small portion with a sharp knife or scissors, immediately placing the graft upon the wound surface. As the individual graft will proliferate to but a limited extent, they should be placed not to exceed one-half inch apart. If the entire surface is not to be covered at one sitting the grafts should be placed near the border of the wound area where they exert a stimulating effect upon the epidermis of the adjacent border, and where they are much more likely to live than if placed at a distance from the border. If implanted in the midst of the defect these small grafts are often smothered by exuberant granulations. The wound must be as free from pus formation as possible and neither the wound surface nor the area from which the grafts are to be taken must be treated to antiseptics previous to the procedure. A healthy granulating surface furnishes the most favorable field for this form of skin grafting.

The Reverdin method hastens the healing process, but does not prevent contraction. The resultant skin has few of the characteristics of normal skin, contains no glands and does not present a sightly appearance. The grafts may melt away after apparent success and the healed wound is as subject to future lesions as is ordinary scar tissue. In order to overcome some of these objections Ollier of Lyons removed strips of epidermis, containing some of the deeper portions of the skin, and covered the entire wound surface at once. This was in 1871. Ollier, however, failed of recognition, as Reverdin had at first done.

3. It remained for Thiersch then to give his name to the method which Ollier had devised, when, in 1886, he reported that the method had been perfected. Thiersch removed the granulations when they were six weeks old and covered the entire denuded area immediately with thin strips of skin which had been removed with a sharp knife. These grafts were thick enough to contain, at their centers, sebacious and sweat glands as well as hair follicles. The resultant skin is far more serviceable than that produced by implanting the small Reverdin grafts

Digitized by Google

but, while it contains some of the characters of normal skin, the area is subject to contraction of the underlying scar tissue. For this reason and because the artificial covering frequently fails to resist traumatic insult, investigators sought for a means of overcoming these objections, especially in covering parts where contractions would partially defeat the object sought, or in regions especially subject to traumatism.

4. This could be brought about only by covering the denuded area with the entire normal skin. An occasional attempt had been made since early in the nineteenth century to carry out this procedure, following the old Indian method of transplanting subcutaneous fat with skin, with but few successes. In 1871 Lawson, of London, reported a success in transplanting a *fat-free* flap in a case of ectropion, which healed with a non-contracting scar. Soon after others reported successes. It was this method which Wolfe established by his writings and which took his name.

Naturally, in order to have success in transplanting these grafts, there must be a rigid asepsis and the flap must be splinted. Even under the best conditions more failures take place than in the use of the Thiersch graft. Also the area which may be covered is limited in extent.

5. Where a large area is to be covered upon the face, about joints or in other regions where contraction is to be avoided or where cosmetic results are desired, a better method is that of the plastic surgeons, the pediculated flap. This should be immediately sutured in place after, of course, a complete haemostasis has been attained. When the immediate region is unable to supply a flap of skin it is possible in selected cases to bring a flap from a distance by fixing it in a skin slit temporarily and later by a secondary procedure carry it to the defect to be filled.

Various other means have been used with varying success. The surface of the skin has been scraped and the resulting fine particles scattered over the granulating area. Scrapings from nails, shavings from corns, exfoliated epithelium, epithelium from blisters, epithelium from hair roots, warts and epithelium obtained in other ways have been experimented with.

6. The earliest operators obtained their grafts from the individual, but very soon the practice of heteroplasty was taken up. Freshly amputated limbs were at first used, then grafts from living persons and later from cadavers. It is, of course, of great importance to determine the absence of communicable disease in the donor before using such grafts. It must also be

Digitized by Google

understood that a heterogenous graft is much less likely to be successful than one taken from the patient himself. Even when the graft "takes root" if obtained from another it may melt away in a few weeks. In the meantime, however, it may have accomplished something by its stimulating effect upon the epithelial borders.

A not inconsiderable number have reported successes with epithelium obtained from animal sources, but the accuracy of the reports may be doubted. The animal epithelium probably never forms a permanent union, serving only a temporary use, later disappearing entirely.

7. The Reverdin method is most widely applicable both because of its minor nature and because it may be used much earlier than any other. The skin need only be made clean and the bits of skin removed with a needle and sharp knife and immediately placed. No anaesthetic is necessary, either general or local. The area to be covered need not be absolutely aseptic. Antiseptics are to be avoided in both the Reverdin and the Thiersch methods. Sterile gauze moistened with normal salt solution is placed directly upon the Reverdin grafts.

In the Thiersch method a general anaesthetic is best given if the area to be covered is greater than about two square inches. The strips should be as uniform in thickness as is possible and should completely cover the granulating surface, or even slightly overlap, as the thin border of the individual strip may fail to proliferate and defects occur. The graft is removed with a razor, flat on one side, floated off in place with normal salt and the edges teased out with needles, taking care not to cause the tender granulations to bleed. Ordinarily there seems to be no great pain produced in taking a shaving of moderate dimensions. Various dressings have been devised for splinting the grafts in place. I prefer to make a lattice of strips of guttapercha tissue, each about one-quarter inch wide, to cover the entire area and upon this place a gauze dressing moistened with normal salt solution.

Case reports. I cite but four, three on account of their size:

Case 1. W. L. K. Amputation at the left knee joint, followed by infection and extensive sloughing of the integument over the stump, also an area two by six inches over the outer side, upper third of the thigh. Sent to me from Broken Bow, Neb., said to be ready for skin grafting. Re-amputation was refused. The stump area, about ninety square inches, cov-

Digitized by Google

ered with healthy granulations. Many particles of cotton, imbedded among the granulations, required several days to remove. The wound of the upper thigh was covered in by the skin sliding method. The stump area was covered with Thiersch grafts, taken from the other thigh, and placed directly upon the dried granulations, operation completed at one sitting. An uneventful recovery took place in both areas. No grafts were lost.

Case 2. J. S. Fell from the top of a moving car; right elbow was caught under car wheel and the entire integument from the level of the humeral insertion of the deltoid to the wrist joint was torn loose, together with a part of the forearm muscles. The elbow joint was destroyed. A partially successful attempt was made to save the loosened integument, or some part of it. At the end of three weeks the anterior surface of the upper arm and forearm were ready for grafting and Thiersch grafts were applied. These were secured from the patient's right thigh. Very few grafts were lost. Three weeks later the remainder of the denuded area was successfully covered by the same method. Contractures which might occur about the elbow were to be neglected, as motion here was lost from the first. Some use of the hand was obtained. This I expected later to improve by muscle and tendon transplantation, but the patient went to his home in Illinois.

Case 3. A. W. W. Engineer. On December 4, 1909, he was severely burned over the entire thighs, legs and right hand and wrist, his clothes catching fire after saturation with lamp oil. Case came to me in April, 1910, with profusely purulent granulating areas, covering the entire inner sides of both thighs —about one half each thigh surface. Many small areas of the same character over the legs. I was told that many attempts had been made to implant Reverdin grafts and two were living, one in the center of each largea area, when the case came to me. These disappeared in a week, smothered by the exuberant granulations. Two healthy individuals presenting themselves as doners, an attempt was made to cover the entire area at once. After a three weeks' effort to reduce purulency all the granulations were removed, separating easily from the basement membrane as a velvety sheet, fully one-half inch thick. Thiersch grafts were taken from the thighs and legs of the donors and implanted. Unfortunately nearly all these grafts died, due partially, no doubt, to the general condition of the patient, to the pus germs remaining and to the heterogenous origin of the

Digitized by Google

grafts. Several months of repeated implantation of skin taken from members of the patient's own family, together with proliferation, sufficed to cover the defects and the man is now able to resume his former occupation.

Case 4. Mrs. A. 60 years of age. Epithelioma of dorsum of right hand. Removed widely May 10, 1910. Thiersch grafts immediately applied to cover the area, two by two and one-half inches. Defect completely healed in two weeks.

513-14 Richards Block.

The Prevention of Colds.

*By DAVID C. HILTON, A. M., M. D., Lincoln, Neb.

By a cold, the common, uncomplicated form of cold in the head, known as simple acute rhinitis, is referred to.

From an etiologic standpoint, the term *simple,* in the phrase simple acute rhinitis, stands for an hiatus in our knowledge of exciting causes. Accordingly, this phrase is not known to apply to a disease entity. It more strictly designates a residue of rhinitides exhibiting a single symptom-sign complex as their common token. With the advent of a thorough understanding of the primary exciting causes underlying this complex, the residue will be reclassified on an etiologic basis. The commanding importance of bacteriology in medicine has begotten the prejudice that affections denominated by terms ending in *itis* have a bacteriologic foundation, as being incident to and determined by successful inoculation with one or more specific organisms. Bacteriologic researches have failed so far to fulfill this expectation with reference to simple acute rhinitis.

The seriousness of this affection does not reside in the attack itself so much as in the underlying factors, some of which may be sufficient if not removed or mitigated to induce physical disorders of a disabling and often fatal character, with much attendant suffering. Cold taking is an index of disordered bodily functions incident to faulty living or a sustained physical defect.

The methods for the prevention of colds have heretofore rested largely on an impirical basis. Ultimately, however, our practical knowledge will be shifted more and more from an impirical to a rational basis as the inductive method of study is increasingly applied to the facts.

---

*Read before the Nebraska State Health Association, Omaha, June 12-13, 1911.

Digitized by Google

A rational investigation of the factors underlying the taking of cold comprehends a study of those that are intrinsic or resident in the individual, and those that are extrinsic or resident in the environment.

The intrinsic factors in cold taking may be divided into physio-chemical and mechanical. The extrinsic factors may be considered as bacteriologic, thermic, dietetic, etc., all coming within the scope of personal hygiene and sanitary science.

Many of the extrinsic causes of cold taking center about the use or abuse of houses and public buildings; or more specifically, in imperfect heating, inadequate ventilation and infected dust.

As to heating, the imperfection lies in superheated air, high temperatures and uneven temperatures. Superheated or burned air is depleted of its water vapor and its heat and dryness are irritating. It is the rapid change from a dry or heated atmosphere to the reverse condition rather than the one or the other in themselves that excites to cold taking.

Inadequate ventilation provides an atmosphere which may contain substances that are more or less irritating to the mucous surfaces of the respiratory tract. It is always a source of physical depression from a lack of sufficient oxygen and the presence of poisonous gases.

Infected dust is principally a burden of the floor. An ideal floor is one that collects whatever dust falls upon it, and yields it up again readily when cleaned. Stationary carpets can scarcely be defended. Removable rugs that are cleaned out of doors partake of the nature of carpets in that they are always unclean, but are superior to hard floors in retaining dust rather than holding it up to the caprices of the wind. Impervious hard floors sufficiently treated with a dust holding medium to catch and hold the dirt between cleanings are most sanitary.

Other extrinsic causes of cold taking center about matters of personal hygiene; more especially about clothing, diet, and the bath. The use of such clothing, or such misuse of raiment as allows of the chilling of the surface or a part of the surface of the body (primary reaction to cold), without the timely inception of the secondary reaction to cold (vaso-dilation, etc.), is the critical disqualifying test of any clothing material or method, with reference to cold-taking. The hands and face being seldom clad usually react spontaneously after chilling except where subjected to unusual extremes. The feet and the neck being promiscuously clad and often neglected, suffer most.

Digitized by Google

Over feeding, an unbalanced ration, and the use of a soft cellulose-free diet are the chief dietetic errors. They are antecedents to constipation, stercoraemia, and perverted metabolism resulting in the absorption of poisonous byproducts from the intestines, and the manufacture of katabolic poisons. Some of these circulating poisons are undoubtedly predisposing factors to cold taking. The ravages of dietetic errors are seen in their worst form in those who lead a sedentary or housed-up life, and the latter as a class are more subject to colds.

Bathing properly done, helps to make the individual less subject to chilling and more likely to obtain a prompt secondary reaction to cold, without which the initial chill becomes a prominent factor in the taking of cold. Quick cold baths followed by a "rub down" in a warm room, are especially valuable in keeping up the vaso-motor tonus. The secondary reaction must be prompt and marked after the bath or it has a pernicious effect.

As to the intrinsic causes of cold taking that are classified as physio-chemical, it is yet to be determined what the physical and chemical nature and action of the circulating poisons is that induce the reaction in the affected tissues. Those poisons present in the clinical condition known as the uric acid diathesis and some that are the basis of stercoraemias, and to intoxications, etc., evidently play a part in the etiology of cold-taking in as much as eliminative and alterative treatment seems to inhibit the affection in some.

"The mechanical factors in cold taking are also etiologic. None of these is to be construed as a primary exciting cause. If coincident with the primary cause, they may be predisposing causes qualifying its action. If sequential, they may be effects with respect to it, but with respect to various incident phases of the disease picture they may abide as determining causes. In the one connection, their absence may modify or disallow the action of the primary exciting cause, and in the other, various expressions of the disease. It is this double role of mechanical factors in cold taking that establishes their importance. This discussion is confined to those that are anatomic.

The anatomic factors fall into two groups, according as they include the stationary or the displaceable structural peculiarities of the nasal cavities. With reference to the primary exciting causes of a given attack, the stationary structures are coincident, and may be predisposing causes, whereas the displaceable structures may assume a pathologic malposition as

Digitized by Google

an effect of its action. Stationary structural peculiarities are deflections of the septum, exostoses, ecchondroses, certain irregularities in size or position of the turbinate bones, and other innate or acquired abnormalities of position, form, and size of parts. The displaceable structures are the soft tissues overlying the bony wall that are subject to rapid alterations in thickness from active or passive congestion, or oedema. Conspicuous among these is the erectile tissue of the middle and lower turbinate bodies.

Adenoid growths obstructing the posterior nares, are common in children especially, and should receive adequate attention.

The pathologic importance of these anatomic peculiarities in cold taking is that of obstructions to drainage, and less frequently to aeration.

The feature of faulty aeration that concerns cold taking is the oscillation of air pressures, characterized by inspiratory rarefaction or partial vacuum, and incident to an occlusion of both nasal cavities sufficient to associate the filling of the respiratory tract during chest expansion with a momentary negative air pressure proximal to the occlusion. Unless obviated by mouth breathing, the rhythmic recurrence of negative air pressure induces passive hyperemia, swelling of the soft parts, and hyperplasia, that tend to further occlusion, and thereby to increased predisposition to cold taking.

To appreciate fully the pathologic signficance of faulty drainage, the nasal cavities must be looked upon as homologous and analogous in many essential particulars to the sacculated hollow viscera having proximal and distal communications, i. e., the stomach, the urinary bladder, etc. The nasal cavities resemble various sacculated hollow viscera in being cavities or recesses with a large expanse of surface, and with a cross-sectional circumference disproportionate to that of their proximal and distal communications. They also resemble in having a secreting mucosa and in presenting the erectile tissue of the nasal submucosa as remotely analogous to the motor apparatus possessed by comparable viscera in their tunica muscularis.

The conception of the nasal apparatus as a passage—duct, tube—is extremely inadequate, if not erroneous. This misconception of nasal morphology goes hand in hand with a mistaken notion of nasal physiology, namely, that the functions of the nasal apparatus are quantitative aeration and olfaction. The

Digitized by Google

term nasal passages should be limited to the anterior and posterior nares,—i. e., to the distal and proximal communications of the nasal cavities. The idea that this elaborate mechanism is merely an air passage partly subserving for olfaction, leads to misapplied or abortive therapeutics.

As the maintenance of adequate drainage is essential to the physiologic integrity of the comparable hollow viscera, and the cure of many functional and organic diseases is accomplishe by the reestablishment of drainage, so it is with respect to the nasal cavities, especially in reference to cold taking.

The drainage problem in the two cases is technically very different, however. Drainage of a sac-shaped viscus is simple and collective in that the sac is simple and unitary. Drainage of the nasal cavities is multiple and distributive, for the cavities are loculate, and the places where secretions can be locked off are scattered. In a sac-shaped viscus, drainage has to do with provision for a sufficient outlet to the most dependent part. In the nasal cavities, the space is divided and subdivided by turbinate bodies, and various other mural irregularities, so that drainage of any one portion does not guarantee drainage of the remainder.

The notion that nasal drainage is simple is associated with the idea that the free passage of air is a criterion of sufficient drainage. Free nasal aeration only demonstrates partial patency, and may be associated with insufficient drainage, especially in the vicinity of the middle turbinate and above it.

Cold taking, from a mechanical point of view, is merely an incident in the history of a poorly drained nasal apparatus. To ascertain the relation of cold in the head to nasal drainage, it is only necessary to associate the symptom-sign complex with concomitant anatomic peculiarities in the nasal cavities. The primary exciting cause of the cold, whether a specific organism, local irritants, lithaemia, intestinal autointoxication, atmospheric changes, etc., brings on increased nasal secretion, congestion, and tumefaction of the submucosa, with stoppage of part or all of one or both cavities. Incident to mechanical and physio-chemic changes in the soft parts, the sensory nerve endings therein are often stimulated to entail reflex symptoms, such as sneezing, headache, lachrymation, etc. The ensuing hyperpyrexia, malaise, anorexia, etc., point to a general intoxication which may be due to the action of the primary exciting cause, to secondary infection in the pent-up secretions, or to independent physio-chemic changes in the affected tissues. If drainage

Digitized by Google

of the nasal cavities is not re-established by interference, the cold pursues a self-limited cycle, the secretion changing from watery to mucoid, and thick muco-purulent. If drainage is promptly re-established, the symptom-sign complex subsides more rapidly. If adequate distributive drainage is maintained before the mucous membrane has become pyogenic, the complex disappears with greater spontaneity.

Tuberculous Meningitis.

*By Frank M. Conlin, M. D., Omaha, Neb.

The vague history, the indefinite symptoms, the difficulty in diagnosis in the early stages, the frequency of the disease as compared with the other forms of meningitis and the high mortality rate make tuberculous meningitis an interesting and important clinical study.

Whytt (16) in 1768, was the first to accurately describe the clinical picture of this disease although the specific nature of the affection was not known until 1830 when Papavoine (19) described the tubercles and showed their relation to tubercles in other parts of the body.

Tuberculous meningitis is far more common than is generally believed. Holt (1) concludes in a paper on "Three Hundred cases of Meningitis in Infants and Young Children", that 70% are tuberculous. Of 197 of these 300 that were observed during the lumbar puncture stage and were available for careful analysis, he found, 138 were tuberculous—22 were pneumoccic, 24 were sporadic meningococcic, 10 were staphlococcic or streptococcic, 4 were influenzal, and 1 was due to the colon bacillus.

In infants and young children tuberculous meningitis occurs usually as an early manifestation of a generalized tuberculosis and generally causes death before the lesions elsewhere in the body are far enough advanced to give definite signs or symptoms. The disease often attacks children who appear perfectly healthy and the clinical manifestations give the impression that it is an absolutely independent disease. Post mortem experience however, show it to be secondary. In nearly all of Holt's cases pulmonary lesions were found. The close relationship between this condition and general miliary tuberculosis almost compels us to consider tuberculous meningitis as one of the subdivisions under the head of miliary tuberculosis.

---

*Read before the Omaha-Douglas County Medical Socitey, Oct. 24, 1911.

Digitized by Google

"The causation of a tuberculous meningitis is essentially the causation of a local or general tuberculosis plus the special invasion. Infection takes place through the lymph or blood stream in embolic fashion, the latter being by far the more common as evidenced by the arrangement of the miliary tubercles along the vessels of the pia mater." (15). This will be considered further under the pathology.

AGE. Although tuberculous meningitis is a disease of all ages, it is found most frequently in children, those at the first dentition seem to be especially liable to it. In an analysis of 100 cases in children under 12, Still (2) found:

10 were under 12 months.
48 were under 3 years.
83 were under 5 years.

It is not uncommon to find it in adults even up to 70 years.

SEX. It is generally held that after puberty, more females are attacked by tuberculosis than males, but according to Seitz (20), the opposite is true for tuberculous meningitis.

FAMILY HISTORY. A family history of tuberculosis is obtained in a good proportion of the cases. Still (2), obtained it in 47 of his 100 cases. It is repeatedly observed in two or more members of the same family or in families where other members show divers manifestations of tubercular infection.

DISEASES PREDISPOSING. The infectious diseases especially influenza and whooping cough predispose to this condition. They act by stimulating a dormant tuberculous process or lowering the resistance of the patient so that the tubercle bacillus gains a foot hold. A frequent history obtained from these patients is that of cervical grandular enlargement following measles, the tuberculous meningitis following the glandular infection. Repeated attacks of tonsillitis followed by glandular enlargement is also a frequent history.

A few cases arise by a direct extension from a tuberculous mass in the brain or, occasionally, from extension from the middle ear or a tubercular process in the cranial bones. Strumpell and Leube have called attention to the fact that occasionally the bacillus may reach the cerebrospinal canal by way of the lymphatic investments of the nerves.

It may occur with a Potts disease, after cranial injury, after operation upon tuberculous glands or surgical intervention in other parts of the body. Barton (2) reports a case after forcible straightening of a tuberculous hip joint.

Digitized by Google

PATHOLOGY. Regardless of the fact that clinically tuberculous meningitis appears to be primary in the meninges of the brain and spinal cord, examination post mortem shows it to be almost invariably secondary.

The microscopic appearance of the brain post mortem is very striking. The meninges particularly along the course of the blood vessels at the base of the brain are studded with granules (miliary tubercules) varying in size from a pin point to that of the head of a pin. (3) These tubercules are also found in great numbers about the optic chiasm, the Sylvian fissure, the inter-peduncular spaces and the anterior and posterior perforated spaces.

A serous, sero-fibrinous or sero-purulent exudate is usually present though there are some cases of "dry" meningeal tuberculosis that do not show it. The amount of exudate bears no relation to the number of tubercles present.

The convolutions especially of the base are flattened while those of the convexity are normal unless the effusion into ventricles is marked. The cortex at the base is edematous and swollen especially beneath areas of meningeal inflammation. Microscopically the cortical changes consist principally of infiltration of cells in the superficial layer and degenerative changes in the neurocytes.

On section of the brain the ventricles are found distended and filled with a variable amount of fluid. The choroid plexus is tortuous and distended and the ependyma or lining layer is swollen and granular in appearance.

Microscopically the tubercles are seen as collections of round cells in the perivascular sheaths of the small arteries and possess the typical structure of tubercles, some of them showing caseation in various stages. The change in the blood vessels is that of an acute endarteritis (3) with great subendothelial proliferation.

Single tubercles are occasionally found when the tubercle bacilli involve a portion of the meninges supplied by a single branch of one of the meningeal vessels.

Tuberculosis of the spinal pia is very much less frequent than of the cerebral pia. When it occurs it is usually an extension from tuberculosis of the cerebral pia but at times it develops secondary to a tuberculosis of the vertebrae or lungs.

SYMPTOMS. For purpose of description the symptoms may be divided into four stages. 1. The prodromal stage. 2.

Digitized by Google

The stage of irritation, referred to the meninges and the cortex. 3. The stage of pressure, referred to the ventricular effusion. 4. The stage of relaxation and paralysis, referred to extension to the medulla oblongata (Traube). The symptoms of all four stages overlap however, and lines cannot be drawn too sharply.

During the prodromal stage which may last from several days to three months (Albutt), the child is out of sorts, sleeps badly, grinds its teeth at night, has night terrors, is generally constipated. The temperature is erratic, up and down, and the child is alternately languid and irritable. In a child over five, mistakes in speech may be noted or, when speaking, he may be slow and deliberate or even speechless for days. In adults alterations in speech often occur or there may be a true aphasia. Delirium is rare in children but common in adults in some instances being mistaken for delirium tremens. Headache is also more severe in adults but children are more somnolent. During this stage the patient may vomit, especially at night, and without apparent effort.

Dr. Gee (21), defines the stage invasion as the period at which such new symptoms occur, as to enable us to pass from the uncertainties of the prodromal stage. Often these are simply exaggerations of symptoms such as vomiting, headache, constipation or lethargy already present. The most striking invasion symptom, but by no means the most constant, is a convulsion associated with generalized rigidity and pallor or divided into tonic and clonic stages affecting both sides of the body.

Inspection of the patient will show: 1. The characteristic *facies,* frowning at first, later a vacant or "far off look." Cheeks flushed; 2. Another symptom worthy of note is the quasi-purposive movements of the mouth such as sucking, pursing up lips, biting lips or grinding teeth; 3. Skin is dry early in the course, later it is bathed in perspiration, herpes or generalized erythema may be present; 4. Decubitus is characteristic, the child lying on one side, limbs drawn up and neck slightly retracted. 5. The abdomen has a characteristic shape generally becoming flattened and carinate with often a marked flaccidity of the abdominal walls.

Of the subjective symtoms the more important are: 1. Photophobia. 2. Hydrocephalic cry, characteristic of intra cranial disease but not especially of tuberculous meningitis for a great many do not show it. 3. Headache, generally present

Digitized by Google

in adults usually localized in frontal region. When children complain of it it is usually general over the head. 4. Pain, sometimes referred to abdomen and soft parts of the limbs, joints or to the spine suggesting an arthritis or spinal caries. 5. Vomiting is one of the most frequent of the invasion symptoms but varies in the later stages. It is of the cerebral type with apparently no retching or effort. 6. Constipation is a marked symptom often so obstinate as to obscure the diagnosis. Barlow (2), reports a case where the obstinate constipation, vomiting and visible peristalsis were so marked that a diagnosis of intestinal obstruction was made and a laparotomy was contemplated. 7. There may be slowness of micturition leading to retention of urine.

Examination of Patient. The *pulse rate* varies with the stage of the disease. Early in the course it is rapid but slows down during the irritative stage to become softer and more rapid again during the paralytic stage, when it may reach 220 or become uncountable (2). Marked pulsation of the carotids and fontanelles is also noticed before the stage of paralysis.

The *temperature* is difficult to distinguish from that of a generalized tuberculosis, but usually the advent of a meningeal tuberculosis upon a case of general tuberculosis is marked by a lowering of the previous temperature. During the late stages of the tuberculous meningitis the temperature rises in most cases and for a day or two before death and may be even up to 108. A low or even a subnormal temperature throughout is not uncommon.

Respiration. There are three fairly distinct types of respiration observed during the course. 1. The Cheyne Stokes. 2. Boits "Meningitic rythym", characterized by constant irregularities, both in rate and force and by the frequent occurrence of deep sighs and apnoeic pauses of varying length and at irregular intervals. 3. The undulatory type—a rythmical variation in the force of the respiration or in the tone of the respiratory muscles or both without the period of apnoea seen in the other two types.

Connor and Stillman reported the respiratory findings in 30 cases of tuberculous meningitis before the American Association of Physicians May 10, (4).

Cheyne Stoke's type was observed in 56%.

Biot's type was observed in 25%.

Digitized by Google

Undulatory type was observed at some time in all. In 6 cases Biots and Cheyne Stoke's were both seen.

Most of the cases show some paralysis of the cranial nerves—The seat of disease being about the base of the brain and affecting the nerves at their points of exit. The oculomotor and facial nerves are involved most frequently, squint or ptosis may be one of the first symptoms. In the later stages there is great difficulty in swallowing which varies from day to day.

Eye. Slow movements of the eyes from side to side, not a definite nystagmus, are often seen, pupils are contracted in the early stages, later during the stage of irritation they become dilated and show a curious oscillation when exposed to bright light. This dilation becomes more marked as the ventricular effusion increases. During the pressure stage there may be some irregularity of the pupils. Anaesthesia of the cornea and conjunctivitis occur during the last stage and optic neuritis can usually be demonstrated also. Tubercles of the choroid can occasionally be observed in successive stages of development in various parts of the fundus.

Kernig's sign is not constant. It was found in 22 of Koplik's 52 cases.

Babinski's sign was present in 23 of Koplik's cases over two years of age. He considers it an important aid in the diagnosis of the tuberculous form of meningitis.

Knee Jerk is variable, may be normal or excessive on one side and normal or difficult to obtain on the other.

Brudzinski's (17) sign is found in a large proportion of cases. Brudzinski found it positive in 95% of children ill with tubercoulous meningitis and absent only in the late comatose state. This sign is elicited by forcibly flexing the head opon the chest when the thighs will flex upon the abdomen and the legs upon the thighs.

The *contralateral reflex* produced by the flexion of one thigh, which reflexly causes the opposite limb to assume a similar position is another valuable help in the diagnosis of meningitis. Brudzinski found it in 66% of his cases.

Morse (18) examined 400 children "well or ill with diseases other than meningitis," and concluded that "neither the neck sign nor the contralateral reflex are present in well children or in those ill with diseases other than diseases of the nervous

Digitized by Google

system and that they are seldom met with in diseases of the nervous system outside of meningitis."

Tremor of the head and limbs on movement is usually found when the disease is advanced and eventually some rigidity of the limb appears but this may vary from day to day.

Laboratory Findings.

Urine generally normal though amount per 24 hours may be lessened and it may contain a trace of albumin or sugar.

Blood usually shows a leukocytosis of from 15,000 to 30,000 with no appreciable increase in the relative lymphocyte count. Cabot (6) found leucocytosis in 32 of 43 cases.

Tuberculin Tests. Von Pirquet and Calmette reactions are fairly constant in the early stages but negative in the later according to Holt.

Spinal Puncture. The fluid obtained from spinal puncture is the greatest single help in the diagnosis we have. Ebright (5), in an article on the subject summarizes the facts to be gained from spinal puncture as follows:

(1). High intraspinal pressure in the irritative stages should be measured by water manometer. *Rous* found an average pressure of 308mm of distilled water, Normal 120-180mm.

(2). Fluid usually clear. Presents a filmy coagulum on standing a few hours. This coagulum is highly characteristic.

(3) Albumin content—high may equal 7%, is usually 2%.

(4). As in all meningitides Fehlings solution is not reduced.

(5). Tubercle bacilli in 30 to 50% of cases and always post mortem.

(6). Lymphocytes are usually present except in later stages when polymorphonuclears may predominate possibly on account of mixed infection but more likely because the protective function, represented by the increase in lymphocytes in tuberculosis, has been overcome and lost.

Hemenway (7) found the tubercle bacillus in all but 2 of 137 cases.

Diagnosis.

The vague history and the common symptoms, headache, vomiting, restlessness and convulsions make the diagnosis in the early stages difficult. The first conditions to rule out are

Digitized by Google

those referable to some form of gastro-intestinal catarrh and second, the exanthems and pneumonia.

Typhoid fever is probably the most important single disease to be considered, but the more regular and more characteristic fever, the roseola, the position of the patient,—lateral in meningitis, dorsal in typhoid—the presence of the agglutination test, the leucopenia and finally the findings on lumbar puncture serve to differentiate the two diseases.

From the *exanthematous diseases and pneumonia* a diagnosis is often impossible for the first three to five days, but by that time the characteristic eruption of the exanthem or the pulmonary signs of a pneumonia should have appeared and the pulse and temperature become more suddenly and more persistently higher than in the prodromal stage of a tuberculous meningitis.

Martin (8), calls especial attention to the liability of confusion in the diagnosis from what he calls "meningesim" occurring during the course of acute infectious diseases or intoxications where the condition simulates a meningitis but is without the pathological changes. He would rely only upon the demonstration or cultivation of the tubercle bacillus from the spinal fluid or upon the inoculation test. According to him the presence of a lymphocytosis in the spinal fluid is of less value for it may occur in other diseases. Porter (14) calls attention to this condition also and says that it is most frequently associated with typhoid, influenza, pneumonia and intestinal toxemia.

The presence of a trace of albumin in the urine combined with a partial suppression leads one to think of *uremia* especially inasmuch as the convulsions and coma are also found. Lumbar puncture usually helps to exclude this condition. Takemina (13) reports a case occurring during pregnancy in which uremia and eclampsia had to be excluded.

Hysteria is sometimes indistinguishable from a tuberculous meningitis in adults, some of the mental symptoms being suppressed by douching and electrical applications as in hysteria. The incontinence of urine and faeces associated with strange behavior on the part of the patient may lead to the same diagnosis or be mistaken for the onset of mental disease.

Delirium Tremens.
Otitis Media.
Thrombosis of the Cerebral Sinuses.
Cerebral Syphilis.
Cerebral Abscess.

Digitized by Google

Digitized by Google

Digitized by Google

Cerebral Tumor, especially if tuberculous, all have to be considered. The absence of the cardinal signs of tuberculous meningitis during the observation of the case and the findings on lumbar puncture being the greatest helps in the diagnosis.

Prognosis.

The prognosis in every case of tuberculous meningitis is grave although recoveries have been reported. There are several reasons for the enormous mortality in the disease according to Hatgar (9). 1. "The injury to the brain due to the pressure causes degenerative encephalitis. 2. The coexistance of a tuberculous process in some other part of the body, usually in the lungs and 3. The fact that it often occurs as a terminal infection in diseases, such as nephritis and cirrhosis of the liver", are important factors. The first of these reasons is the most important—the greatest danger being due to pressure upon the medullary centers and the gray matter for as is well known tuberculosis elsewhere has a remarkable tendency to spontaneous cure."

From a careful analysis of 797 cases occurring in seven London hospitals since 1894, Dr. A. Martin (8) concludes that only 20 can be accepted as positive recoveries. He says remissions and recoveries do occur probably more frequently than has been believed and that in those cases either the resistanc of the individual is greater than usual and the disease is checked early in its course or the virulence of the bacilli is less than usual and the lesion in the meninges becomes localized and undergoes a fibrous change or later form a focus of fresh infection.

Dunn of Boston, Hamill of Philadelphia, and Abt of Chicago, each reported a case at the American Pediatric Society in Washington, in 1910, of recovery from tuberculous meningitis. In each of these cases the bacillus and the lymphocytosis were shown in the spinal fluid.

The duration of the generalized diseases varies from 3-63 days. The so-called primary cases, those in which tuberculous meningitis occurs in a child apparently in the best of health and in fair nutrition, averages according to Gee, 23 days. In the secondary cases, those in which the tuberculous process in the meninges supervenes upon a chronic tuberculous process, the duration is much shorter and may be no longer than three days.

Treatment.

Prophylaxis. All tuberculous lesions and all atria of in-

Digitized by Google

fections—tonsils, adenoids, lungs, alimentary tract, etc., should be looked after in every child. Children should be removed from contact with tuberculous individuals.

Active. Most of the treatment is symptomatic.

Keep patient in a quiet, dark room and attempt to keep up the nutritition by rectal feeding if necessary.

Counter irritation blisters, etc., do no good and only tend to make the patient more uncomfortable.

Surgical methods, trephining, opening up spinal canal have not met with sufficient success to warrant their use in every case, although the principle is logical.

Crouse (10), found hexamethylenamin given patients by mouth invariably appeared in spinal fluid in 30 minutes and that, following a subdural inoculation of dogs and rabbits with the streptococcus. 60 to 80 grs. of hexamethylenamin, given under conditions that would insure absorbtion, markedly deferred and in some cases prevented a fatal meningitis. Brun and Zeiler (11) report two cases of influenzal meningitis treated in this way. In one case late in the course a needle was inserted into the spinal canal and left there. The temperature fell to normal in 24 hours and remained there till just before death when it rose again. Post mortem it was found that the needle had worked out and drainage had ceased. They think the combination of hexamethylenamin with continuous drainage of the spinal canal a valuable method of treating those cases of meningitis for which we have no specific.

Hatgar (9) believes that energetic prophylactic lumbar puncture will reduce to a minimum the optic neuritis, the deafness, the oculomotor disturbances and some of the psychopathies all of which are the mechanical effects of pressure.

Of the literature available I was only able to find one case reported by Lessner (12), where the fluid obtained by spinal puncture was sterilized and reinjected subcutaneously upon the theory that one is using an autogenous vaccine, providing, of course, that the tubercle bacillus has been demonstrated. In this case it was used too late in the course of the disease to have any effect.

Suite 409, Brandeis Theater Building.

REFERENCES.

1. Holt. Amer. Jour. Diseases of Children, Jan., 1911.
2. Albutt, System of Medicine.
3. Hektoen, Amer, Text, Pathology.

Digitized by Google

4. Connor and Stillman, Abst. Jour. A. M. A., May 27, 1911.
5 Ebright, Cal State Jour., June, 1909.
6. Cabot, Clin Exam. of Blood, 1904-303.
7. Hemenway, Ame. Jour. Diseases of Children, January, 1911.
8. Martin, Brain, February, 1909.
9. Hatgar, Ame. Jour. Med. Sciences, March 10, 139.
10. Crouse, Johns Hopkins Hospital Bull., April, 1909.
11. Brun and Zeiler, Ame. Jour. Diseases Children, June, 1911.
12. Lissner, Southern Cal. Practitioner, June, 1911.
13. Takemina, Kwai Med. Jour., August, 1911.
14. Langley Porter, Archives Pediatrics, January, 1910.
15. Pfaundler and Schlossman, IV.
16. Whytt, Observations on Dropsy of the Brain, Works of Robt. Whytt, p. 725.
17. Brudzinski, Arch. de med. des enfants, 1901, xii., 745.
18. Morse, Archives Pediat., xxvii., 561.
19. Seitz, Die Meningitis Tuberculosa Der Erwachsenen, 1874
20. Papavoine, Prop. sur les tubercules consideres spec. chez. les infants, 1830.
21. Gee, Reynolds' System of Medicine, 1872.

Treatment of Puerperal Infection.

By J. S. Lancaster, M. D., York, Neb.

In presenting a paper on the treatment of puerperal infection, a subject as old as the practice of medicine itself, the writer is not attempting to advance anything new or original, but merely to provoke a discussion on and to emphasize some important and fundamental parts of the treatment of this terrible condition.

The subject is a large one and no attempt will be made to enter into minute detail. The etiology, pathology, symptomatology and diagnosis are equally important, but will not be discussed in this paper.

What is puerperal infection?

De Lee says: "Puerperal fever or puerperal infection is a general term comprising all the conditions, usually of a febrile nature, but sometimes non-febrile, originating from infection of the genital tract of a puerperal woman at any point of its extent."

Thus, it matters not whether the symptoms be mild or severe, lasting a few hours or many days, whether the causative agent be a mild saprophyte or a virulent streptococcus, whether the lesion be an infection of a slightly lacerated perineum or a generalized sepsis—if the infection originated in the genitals the woman has a puerperal infection. Further, this excludes such infections as mastitis, acute tonsilitis, typhoid, throat diphtheria and others that might come on during the puerperium.

Digitized by Google

Prophylaxis.

The prevention of puerperal infection is far more important than the actual treatment once it has begun, yet the writer will pass over this part of the subject with only a few general remarks. At this time the etiology of wound infection is so definitely worked out and the principles of antiseptic and aseptic surgery so widely known and practiced that it seems unnecessary to go into the details of a proper obstetrical technique.

We all know how to prepare ourselves, our patient, our instruments, gauze, etc. We all know the danger of going from a case of erysipelas, scarlet fever, diphtheria or the like to a confinement case. An obstetric case should have every surgical precaution of a major surgical case, for in reality that is what we are dealing with.

Besides using careful asepsis and antisepsis to prevent wound infection, we should use good obstetrical judgment and prevent as far as possible wounds to become infected. We should interfere as little as possible in the course of labor. Operate only because of real necessity—the indication must be definite and the conditions present.

In normal cases we should avoid all practices to cut short the labor, like manual dilatation of the os; we should make as few examinations as possible; we should use great care to prevent laceration of the perineum.

It is some consolation to us to know that every infected puerpera is not caused by the person who delivered her; undoubtedly cases occasionally arise where the infection already existed in the genital tract and was lighted up by the trauma of labor in spite of every precaution. Other cases arise through circumstances over which the physician has no control. Husbands have been known to demand and have sexual intercourse a few hours after the woman was confined.

Actual Treatment.

Given a case where everything else has been excluded and a diagnosis of puerperal infection made, how are we going to treat it?

The treatment depends on the pathology, of course. It may need only some little local measure or the treatment may be general, it may be symptomatic or specific. The object of treatment is to prevent extension of the infection and to place the patient in the most favorable condition for combating her infection.

Digitized by Google

The following are some of the ways by which we can help prevent extension of the infection:

(a) We can remove sutures in the perineum and allow free drainage of an infected perineal wound.

(b) We can put the patient up in the Fowler position and help drainage from the uterus and vagina.

(c) We can help to make the uterus more resistant to infection by giving ergot—plenty of it and for a sufficient length of time. A firmly contracted uterine wall with the blood sinuses obliterated is far more impervious to infection than a loose flabby one.

(d) We can keep the patient quiet in bed with an ice bag over the uterus and possibly prevent a local peritonitis from becoming a general one, or a septic thrombus in a vein being dislodged and setting up a general pyemia or sepsis.

(e) We can refrain from curetting and douching the uterus, thereby opening up new avenues of infection.

The following are some of the ways by which we can increase the patient's general resistance:

(a) We can by good nursing make her comfortable in bed and exclude external agents, like visitors, noise and children which irritate and worry her.

(b) We can give her a nutritious and easily assimilable diet, and also plenty of fresh air and sunlight.

(c) We can procure sleep and rest for her by the use of morphine or other drugs if need be.

(d) We can increase her elimination by appropriate means.

(e) We can give her stimulants that may turn the tide in her favor.

(f) Occasionally specific treatment may do some good. Worth mentioning are diphtheria antitoxin, streptococcic vaccine, antistreptococcic serum, autogenous and stock vaccines, the colloidal silver preparations, mercury bichloride intravenuously.

The writer has been taught particularly in the clinic of Dr. T. J. Watkins at Wesley Hospital and as house physician in the obstetric service of Dr. H. M. Stowe at Cook County Hospital that local and operative measures are seldom indicated in puerperal infections and that they usually do more harm than good.

Passing by the infections of the vulva, vagina and perineum, let us consider briefly operative and local measures in the more serious conditions.

Digitized by Google

Sapremia.

Here is an infected blood clot or piece of tissue causing symptoms by absorption. To the writer this condition is the only one in which cleaning out the uterus is permissable. If it is known that there is no piece of placenta or membrane in the uterus, a clot might probably be expressed. Then the uterus should be kept contracted with ergot and an ice bag. Drainage should be helped by the Fowler position.

If a piece of placenta or clots must be removed by intrauterine means the finger should be used and never the curette. If the os must be dilated it should be done by means of a cervical and vaginal pack and not by mechanical dilators. These always produce some injury and open up new areas to infection.

Septic Endometritis.

Many text books and physicians recommend and practice curetting and douching the uterus for this condition. The histologic structure of the uterine mucosa shows us that we cannot remove it without taking a large amount of submucosa and even some muscle tissue. If the infection be only in the endometrium, by the curette we break down whatever barrier nature had thrown up against it and permit a rapid advance of the infection. If the infection is beyond the mucosa the curette cannot reach it anyway. The operation does more harm than good. Place the patient in the Fowler position, put an ice bag over the uterus, give her ergot, increase elimination, give her good general and supportive treatment and she will have best chances for recovery.

Miscellaneous.

Scarcely anyone would advocate curetting and douching the uterus for an infection that had extended beyond the uterine walls, yet this is done frequently. If the case is one of parametritis, local or general peritonitis, septic venous thrombosis, salpingitis, general pyemia or sepsis, the best treatment is the general hygienic and supportive forms mentioned above.

If there is a general peritonitis laparotomy seems indicated, but the fact remains that operation only hastens the end in a great many cases.

Localized abscesses, septic arthritis, etc., need to be opened and drained.

After days, or, better, weeks, have elapsed a definite pelvic abscess should be opened and drained through the vagina. Pus

Digitized by Google

tubes usually should be removed. However, there are plenty of cases of pyosalpinx that recover without operation.

In conclusion the writer would sum up the treatment of puerperal infection thus:

(a) Pay religious attention to prophylaxis.

(b) After infection has occurred.

(1) Put the patient in the semi-upright position.

(3) Give ergot to favor involution.

(3) Increase patient's resistance by every known means.

(4) Do not spread the infection by ill-advised operative measures on the genital tract.

(5) Treat complications as indications arise.

CLINICAL REPORTS.

A Case In Practice.

Mrs. T., primipara at term, having warnings of approaching labor, apprised me of her condition and said I could arrange my time accordingly. An examination revealed absence of any real progress and that attendance would not be required for some hours. Both ankles were slightly oedematous, though in one it was so slight that she had not noticed it at all. She had had the best of health all through her gestation and expressed herself as feeling perfectly well that morning. I took a specimen of her urine to my office and found it highly albuminous, the picric acid test revealing 5 per cent. I at once put her upon a strictly milk diet, had her take magnesia sulphate in level tablespoonful doses every three hours and use colonic irrigation with hot normal solution every four hours, having her assume the knee-chest posture when taking the enema and instructed her to retain each one as long as possible without provoking labor pains. I told neither her nor her husband what I feared, and in answer to their questions as to what all this was for I told them it was simply to pute her in good condition for her confinement, but to her husband's mother, with whom they were living, I gave due warning. I kept in touch with the case all day and made a call late in the evening, and noting that the excretions were all that could be desired, felt that there was nothing more needed for the time. Nothing occurred during the night and I visited her at 9 the next morning and found the os soft and commencing to dilate and pains normal. A trained nurse was placed in charge with instructions. After a perfectly

Digitized by Google

normal labor she was delivered at 5:30 p. m. of a ten-pound boy and was perfectly happy at the thought that she was the mother of a living child. The placenta was expelled within twenty minutes with but little assistance and was followed by profuse hemorrhage, which recurred at more or less regular intervals for the next half hour; while it was at no time alarming, it far exceeded the ordinary, but there were good contractions in the intervals, and feeling that this was a salutary measure, aside from grasping the fundus and kneading it occasionally, I did nothing to control the hemorrhage. After good contractions had obtained, three stitches were taken in the perineum to which she neither offered any objections nor complained of pain; the dressings were applied and when I was thus engaged she complained of seeing colors in front of her eyes. I had her turn upon her side and told her to close her eyes and rest awhile, and after about twenty minutes she looked up and said she felt all right. The baby was then put to the breast and he nursed vigorously and without any untoward effect upon the mother. I then left her, it being a little more than two and a half hours after the completion of the labor. A phone message about half an hour later stated that she was perfectly rigid, but that there was no convulsive movement. I was soon with her and at once gave 15 drops of Norwood's Veratrum by mouth and dissolving 30 grains of chloral hydrate and 60 of potassa brom in a pint of hot normal solution, threw it into the rectum and held it there for half an hour, at the end of which time she opened her eyes, spoke to us and at once returned to perfect consciousness. I left her at 11:30 p. m. with a pulse of 84 and a normal temperature. She had a comfortable night and at 9 a. m. the following morning her temperature was normal and pulse 58, but good in quality. The rest of her purperium was normal in every respect except that the bowels would not act without aid, but this was easily met by a small enema every morning given within half an hour after she had had breakfast. Her urine contained one-half of one per cent of albumen as late as the twelfth day.

I have reported this case, giving only what I consider the material facts and for no other purpose than that of adding another lesson to the study of puerperal eclampsia, let the teachings be what they may.

I wish to call especial attention to some of the features this case presented, viz: That the labor was what could be called perfectly normal in every particular except that the post-par-

Digitized by Google

tum hemorrhage was excessive while it lasted, though at no time approaching the danger line, but did it have any influence upon the final result? The volume of blood was certainly reduced and the pressure proportionately diminished, but even so it is still a question in my mind whether the loss of so much blood through the uterine sinuses has any immediate beneficial effect upon the convulsions, but there is plenty of evidence testifying to the good effect of venesection, even in one-tenth the volume of that lost by post-partum hemorrhage; hence the inference must be that it is the kind of blood extracted and not the quantity always that determines the result.

It is to be regretted, perhaps, that the blood pressure was not taken, but at no time prior to or during labor did either the rate or quality of the pulse indicate that it was increased.

Another feature of this case is that there being no manifestations of toxaemia until some three hours after the completion of labor, it furnishes negative evidence at least as to the utility of emptying the uterus as one of the desiderata in our efforts to control the convulsions and save the woman.

While I do not claim that the management of this case could not have been improved upon, I do claim that the course pursued was rational and that every means employed had a definite object to be accomplished.

I attribute the favorable outcome to the mildness of the toxaemia and the measures instituted prior to the onset of labor as much or more than to the remedies used after the seizure. In fact, I believe she would have recovered without the use of any medicine after the completion of labor, but at the same time I do not believe that one would be justified in taking such a risk, but believing that I had a sufficiently accurate estimate of the degree of the toxaemia, as indicated by both the urinary findings and the abundant excretions for the twenty-four hours preceding labor, I did not deem heroic measures at all indicated at any time. And since the case yielded or seemed to yield so readily I believe more radical measures would have been harmful.

J. Lue Sutherland (Grand Island, Neb.)

St. Peter (to fair applicant)—What caused your death?
Fair Applicant—I was operated on in a hospital.
St. Peter—Private room and four nurses, I suppose?
Fair Applicant—No, I was in a ward.
St. Peter—Select your wings.—Life.

Digitized by Google

ABSTRACTS.

Bone Conduction In Lues.

A rather odd finding has been made in the bone conduction of the hearing apparatus in luetics, which is, that the hearing may be normal for conversation and air conduction, but that the bone conduction is diminished out of all proportion to the amount of hearing power present.

Beck tested more than one thousand luetic patients, finding this condition present in all. It was not necessary for the ears to be complicated in the disease, but he claimed that this rule applied to any person affected with lues.

At the present time no explanation is offered for the cause of this, still if the test proves true in all cases, we have a very important sign, and in a matter of differential diagnosis it should receive some notice. BUSHMAN, Omaha.

Toxicity of Ovarial and Testicular Extracts.

Champy and Gley (abst. in Cb. f. Bacteriologie 51, 7, p. 516) have found that extracts of the corpus luteum and the ovaries, when quickly prepared and used fresh are highly toxic for dogs and rabbits. But if a sub-lethal dose of corpus luteum extract be first given, immunity to the ordinary lethal dose is conferred within a few minutes. They have named this rapid immunization, tachyphylaxie. Supplementing this work on the ovary is that of Graefenburg and Thies (ibid. p. 536) who report that the intra-venous injection of a watery testicular extract rapidly produced death in rabbits and guinea pigs. Homo-extracts, i. e., from the same species, are more deadly than hetero-extracts. Sub-lethal doses instead of producing immunity caused a hypersensibility to testicular extracts both from the same and other species of animals. GIFFORD, (Omaha)

The Resuscitation of Stillborn Infants.

The Journal of Therapeutics and Dietetics for December last contains among its editorials a graphic account of how the physician succeeded in resuscitating a child that had been stillborn after an exceedingly strenuous labor in which first high forceps had been applied and which then had been terminated by version. The cord was parted in the fray and free hemorrhage had taken place in the parturient canal, the little inanimate object being as white as a piece of marble.

Digitized by Google

After all known methods for starting life in a fetus had been employed without results, the doctor wrapped the body in a warm wet cloth and then in a warm dry blanket. He then applied a small hemostat-forceps to the end of the tongue and made rhythmic tractions sixteen times to the minute, timed exactly by the watch. After keeping this up for nearly twenty minutes, a faint gasp from the little body gave evidence that some reflex impulse was traveling down that branch of the pneumogastric nerve and was waking up the slumbering heart. In five more minutes the heart was beating under its own steam, and life had started.

We congratulate the doctor on the pluck and persistence with which he defied death, and can understand the satisfaction he must have felt when he laid the little newcomer in his mother's arms. We mention the case because all too often the attempts to resuscitate still-born babies are gipen up early. Often persistent and prolonged effort will be successful against apparently overpowering odds.

Photography of the Eye-ground.

Professor Dimmer, Vienna, has practically perfected a method of photographing the fundus of the eye. At a recent demonstration he explained how this field of work had begun, the many obstacles overcome in its progress up to the present time, when it has reached a stage of practical application and importance.

With a device of his own invention, he is not only able to make a direct examination of the fundus, but to take photographs of different magnifications. Foreign bodies may be located, various intra-ocular diseases be observed, in fact, a picture so well detailed as to be of greatest diagnostic importance.

However, Professor Dimmer's device is so large and costly as to be prohibitive in private practice, but of great value in a large hospital or clinic. BUSHMAN, Omaha.

A New Form of Salvarsan.

It is authoritatively announced that Professor Ehrlich has succeeded in perfecting a new form of salvarsan, his famous "606," which overcomes many of the difficulties of use and objections as to after effects of the original preparation. The improvement consists of a method of making the drug completely soluble in distilled water without the addition of alkalies, and

Digitized by Google

the solution thus made is neutral, or normal in reaction, thus obviating both tedious preparation and injurious effects. The chief cause of the failures to secure beneficial results from the use of salvarsan and of the injurious after effects produced from its use by unskilled practitioners is due directly to the difficulty of making a solution of the drug. The solution must be alkaline, and if too much alkali is used the resulting mixture will cause both pain and irritation of the tissues when injected. The new form is to be placed on the market as Neosalvarsan as soon as the commercial problems connected with its manufacture and distribution are solved, the stability of the new compound, and its efficacy having been positively established by a series of tests and observations extending over several years. Neosalvarsan, in addition to its neutral reaction and non-irritating effects, can be used safely in larger doses than the old salvarsan, one of the drawbacks to the use of the latter being the amount of alkali required for its solution and the consequent destruction of tissue around the site of injection.

Vincent's Angina and Diphtheria.

Beside the possibility of mistaking Vincent's Angina (or, as the Germans call it, Plaut-Vincent's A.,) for syphilis of the throat, which has been referred to by several authors; the danger of mistaking diphtheria for the Vincent's Angina is, according to Bluehdorn (abst., in Centralblatt f. Bacteriologie 51, 21, 644) a very imminent one. There seems to be little doubt that the well known fusiform bacilli and certain spirochaetes (commonly referred to as spirilli) are the cause of Vincent's Angina; but it is well established that the identical germs, especially the bacilli, are frequently found in the throat of healthy persons and almost invariably, though in varying abundance, in the tartar at the gingivo-dental junction. In various mild and severe forms of sore throats also, they occur in immense numbers and in some cases of diphtheria they multiply so prodigously in the injured tissues, that in the direct microscopic examinations of the exudate they completely mask the true nature of the disease. On the other hand, from the clinical picture alone, Vincent's Angina is often taken for diphtheria.

GIFFORD (Omaha).

Venereal Diseases to Be Reported In New York.

At the meeting of the board of health on February 20, resolutions were adopted calling for the reporting of venereal dis-

Digitized by Google

eases to the department of health. This is in accordance with a plan for the sanitary control of these diseases which has been under consideration for nearly a year. At the same meeting it was announced that the board of estimate and apportionment had considered favorably the request for an appropriation of $55,000 for the erection of a hospital for the care of patients suffering from venereal diseases. The resolution includes a plan requiring superintendents or other officers in charge of public hospitals, dispensaries, clinics, charitable and correctional institutions, including those which are supported in part or in full by voluntary contributions to report all cases of venereal disease applying for treatment at the institution. It is required that the name, age, sex, nationality, race, marital state and address of every patient under observation suffering from these diseases shall be reported. All physicians are requested to furnish similar information regarding private patients though the name and address need not be given. The board of health will undertake to make bacteriological examinations and tests for the diagnosis of these diseases and to distribute curative sera only when the data required for registration have been furnished.

New Antiseram for Cancer.

Berkeley and Beebe (Medical Record) believe it axiomatic that a scientific remedy for cancer shall be soluble in the blood, transmissible by the blood and lymph currents to all parts of the body, and have a selective affinity for the cells of the tumor to be destroyed. Such a remedy may be a chemical substance or compound, or it may be a physiological antibody, developed in an alien species by successive injections of a cancer extract. The latter has been the line along which the authors have worked, their most serious problem being to produce the antibody in clinical quantities. They have found that by successive injections of a specific human cancer extract (the cancer being partially removed by operation) into an alien mammalian species they have obtained a serum which, injected into the muscles, or better, into the veins, in increasing doses into the original host, causes a rapid retrogression and disappearance of the remains of the tumor. They have found that this cannot be done with a normal alien serum. They explain it as a cytolysis of the tumor cells. They find that there is a strictly quantitative relation between the amount of serum used and the amount of tumor that will disappear. The serum injections (sixteen cases) hape produced no ill effects other than local swelling and the anaphylac-

Digitized by Google

tic fever and vasomotor disturbances following the use of an equal amount of normal alien serum. They have found the relation of one antiserum ("stock serum") to cancers that differ histologically to be variable and full of surprises. The authors believe that autogenous serum is much more effective than stock serum and that treatment to be effectual must be started early. The cases so far successfully treated are too few to warrant any extravagant claims for the future.

On the Immediate Cause of Parturition.

The experiments of von der Heide (abst. in Centralblatt f. Bacteriologie, 51, 17, 535) indicate strongly that the uterine contractions are started by substances formed in the foetal blood; but whether on passing into the mother's blood they act directly on the uterus; or whether they act as antigens which cause the development of a maternal oxytocic remains to be determined. The blood serum of pregnant women injected into others at about full term, has no effect in starting uterine contractions; while injections of foetal serum are decidedly oxytocic. On the other hand, it is possible by graduated dosage to decrease the sensibility of the mother to the foetal serum, and it is hoped that, in this way, mothers who have shown a tendency to premature delivery may be enabled to go on to full term. The author thinks it probable that a similar anaphylactic reaction to the foetal serum is the cause of eclampsia. The injection of foetal serum into non-pregnant women produces no effect. GIFFORD (Omaha).

Stimulation of Labor Pains by Pituitrin.

Stern (Zent. f. Gyn., 1911, 31) has used pituitrin in three cases for the purpose of starting labor. The first patient required induction of labor at the thirty-sixth week for laryngeal tuberculosis. The first injection of .6 c. c. was followed in twenty minutes by pains which increased in intensity with five-minute intervals, and lasted two hours. The following morning a second injection gave a similar result. The third morning, two injections were given with an interval of two hours, and rhythmic pains ensued. Twin children were born in seven hours.

The second patient had severe nephritis, and labor was induced at the thirty-ninth week for impending eclampsia. Six injections of 0.6 c. c. and one 1 c. c. were given in four days, and a healthy child was born. The third patient had labor induced at

Digitized by Google

thirty-two weeks, and seven injections of 1 c. c. were followed by weak but ineffectual pains. On the fourth day, a bag was introduced and remained six and one-half hours without effect, but an injection of 1 c. c. pituitrin excited strong pains in four minutes. Stern states that the contractions even after 3 c. c. are never of the tonic type.

Dr. Ellice McDonald has also used pituitrin, 1 c. c. hypodermically, in three cases of induced labor, at or near term, for large baby or moderate contraction of the pelvis. It was preceded in each case by introduction of the de Ribes bag. In two cases, uterine contractions started with a short interval and, in the third, within two hours. The pains persisted and were rhythmic.—Critic and Guide, February, 1912.

Treatment of Puerperal Septicaemia.

(L. W. Littig, Davenport, Iowa.)

To resume:

1. It is a wholesome creed, that every case of puerperal fever is from without.

2. It is well to warn the family of the danger of mechanical transplantation of infecting germs from without during the month preceding confinement.

3. A preliminary disinfection of the vulva and of the neighboring integument is absolutely necessary, that the gloved finger or the gloved hand do not transplant infecting germs into the parturient canal from without.

4. A preliminary disinfection of the vagina is futile.

5. A differential diagnosis between saprophytic intoxication and septic endometritis at the outset is but rarely possible.

6. Vaginal douches are of value if infected lochia bathe vaginal or cervical wounds.

7. Uterine irrigations are useful to remove retained lochia and decidua, or in long continued septic endometritis, but they must be given by a skilled hand, under guidance of the eye, and preferably anesthesia.

8. The curette is an instrument for evil only, and has no place in acute puerperal febrile conditions, except, rarely in adherent placenta.

9. Adherent placenta must be removed, uterine irrigation to precede and to follow its removal.

Digitized by Google

10. Puerperal peritonitis and pelvic collections of pus demand immediate drainage.

11. Vaccines are illogical, and anti-sera are not proven.

12. The strength of the patient must be conserved, and elimination encouraged.

The treatment of saprophytic intoxication of perperal endometritis might be formulated as follows: 1, meet the indications of local conditions in the perineum, and in the vagina; 2, if the uterus be enlarged and the cervix open, irrigate and cleanse with the gloved finger; 3, if the uterus be contracted but the cervix open, irrigate; 4, if the uterus be contracted and the cervix closed, do not irrigate; 5, fresh air, support, elimination.

SOMERS, Omaha.

Fee Splitting.

The Medical Standard does not regard this as a matter of any special complexity. There can be but two sides to it. Either the specialist is engaged by the family practitioner, or else by the patient himself or his family. If by the patient and his family, then the specialist and the practitioner have nothing whatever in common, so far as their financial relation to the case is concerned. In that event, there is nothing to be done except for the general practitioner and the specialist to render separate bills; and there is no necessity for their even knowing what the other charges. Indeed, in such cases it is usually the rule that the patient or his family settles the matter of the specialist's fee beforehand, so that there is no possibility of any illicit collusion between the two doctors. But it should be a matter of medical ethics that where the specialist is engaged by the family, the services are separate and distinct affairs.

If, on the other hand, the expert is to be retained by the physician, the situation is different. Then the patient is in the position of a man who engages a firm of lawyers to represent him in court, and says to them, in effect, "Win my suit; if, to do so it is necessary to engage special counsel, engage him; only win the suit, and render your bill." Now nobody imagines for an instant that a lawyer, invested with this responsibility, is going to retain the cheapest special counsel he can find, and charge for the most expensive; nor to retain as special advocate the man who will split him the biggest share of his fee. In the first place, there is no need of playing tricks of that sort, for he has been practically given carte blanche to get and pay the

Digitized by Google

best man; and in the second place, the special counsel whom he retains is a part of the lawyer's own armamentarium, so to speak, to minister to or to detract from his own reputation, as the case may be. So that he has neither need nor incentive to use any underhand methods.

The doctor, charged with the responsibility of retaining an expert, is in precisely a similar position. Neither necessity nor inducement influence him to play crooked. His own interests will actuate him to get the best posible assistance procurable within the means of his patient. He has but to select that assistance, add to the expert's fee his own charge for his services, and present to the patient a joint bill for the entire transaction—itemizing if requested.

Where Doctors Are Needed.

The regular meeting of the New York Academy of Medicine on the evening of March 7, was given up to listening to addresses by medical missionaries. Secretary Robert E. Speer of the Presbyterian board of foreign missions, Dr. Edward E. Hume, secretary of the Yale Medical School in China, and Dr. Wilfred M. Post of the American Hospital at Konia, Turkey, told of the need for physicians in these countries and the opportunities that awaited the physician who was willing to go. In Persia there are only thirty doctors to 9,000,000 population; in Korea, only thirty-six physicians to a population of 12,000,000; in Chili there is an average of one physician to every 3,225 of the population; in Bolivia, one physician to every 10,000 of the population; not a single physician to 5,000,000 South American Indians. In Chili 80 per cent. of the children die before they reach the age of two years. Dr. Post in telling of the conditions in Persia, said there was an area larger than New York state and an immense population where there was neither physician nor hospital.

Psychology in Medicine.

After mentioning the strides made of late years in medical education, S. I. Franz, Washington, D. C. (Journal A. M. A., March 30), says that psychology has, within the last few years, attained a place in the scheme of medical education, though mental states are discussed often under different names. He points out that psychology is a science independent of physiology and, no matter what branch of medical practice is considered,

Digitized by Google

mental states must be taken into account by the practitioner. Many of the so-called nervous diseases are really mental, and a more intimate acquaintance with the facts of psychology and psychotherapeutics is needed. While this is specially true in mental disorders properly so-called, it is also of value in the treatment of other diseases, but many practitioners still hold inadequate ideas on this point. It is also not sufficiently appreciated as yet in relation to medical research. He thinks that the time given to pathology and pathologic anatomy in institutions for the insane and defectives is still rather out of proportion to the psychologic investigations which should be made. The exact kind of psychologic work to be done is questioned by some and he thinks it appears that the ideal proposed is that it should be a hybrid between the present laboratory psychology and medical practice, but the type that is needed is one that can be used practically by persons who may not be thoroughly trained investigators. Much of the success of the followers of Christian Science, mind cures and other fads has been due to their recognition of the psychologic factors in mental life reached by unscientific individuals without special training. Those who have charge of medical education must see to it in the future that the qualifications of their graduates have at least an elementary knowledge of mental processes.

Five Million Inches of Publicity.

Publicity in newspapers and magazines to the amount of 1,500,000 inches a year on tuberculosis and its prevention is being given by the press of the United States, according to an estimate issued by the National Association for the Study and Prevention of Tuberculosis.

If all the publicity on tuberculosis given by the press of this country in the year ending April 1st were gathered in one paper, the National Association estimates it would make a paper of over 6,250 pages. In the last four years, during which time an active publicity campaign has been carried on, the National Association estimates that over 5,000,000 inches or over 90 miles of press notices on tuberculosis have been published.

"Publicity is the very heart of the educational campaign against tuberculosis," says Dr. Livingston Farrand, the executive secretary of the National Association. "Largely because of the intelligent co-operation of the press, has the anti-tuberculosis movement in this country been able to become, as it is, the greatest organized movement of its kind in the world.

Digitized by Google

When tuberculosis shall have become a rare disease, the American press may justly claim a large share in this gigantic achievement."

Statistics of Suicide in the United States.

Frederick L. Hoffman states, according to the Spectator, that the combined suicide rate of 100 American cities, which was 21.8 per 100,000 population in 1908 and 21 in 1909, fell to 19.7 in 1910. The rate for New York was 18.9. San Francisco has the highest suicide rate of any city in this country, the figures reaching a yearly average of 52 per 100,000 inhabitants for the period from 1900 to 1909, although in 1909 the rate fell to 42. Of six American cities in which suicide has been most frequent in the past ten years, five are Californian cities; these, in the order of their suicide rate, are San Francisco, San Diego, Sacramento, Los Angeles and Oakland. Hoboken, with a suicide rate of 35, is third highest in the list of 100 cities. There was a general falling off in the number of suicides during 1910. Mr. Hoffman states that suicide is often caused by temporary mental irresponsibility, but it is also often the result of a suicide intent which has extended over a period of years. The increasing complexity of modern life favors mental and moral discontent, which is often assumed to be identical with mental irresponsibility. The more the underlying causes of suicide are considered the stronger becomes the conviction that many suicides are the result, not of a want of mental balance, but rather a deliberate conviction that continued existence would not be worth while. Perhaps no occupation emphasizes this conclusion more precisely than the frequency of suicide among bankers and brokers, where a long career of dissipation and fraud often makes suicide the only desirable alternative. Whatever may be said of suicide in the past, it is certainly relatively common among sane men and women today. The present decrease of suicides in American cities is only temporary. This is shown by the fact that, whereas in 1891 the rate was only 13½, during each five years since the rate seems to have gone down and then to have gone up, but always ends by reaching a higher point at the end of each period. The smaller the city the lower the suicide rate tends to be. The suicide rate of a well-developed, prosperous country ought not to be more than 25 suicides per 100,000 population, according to German statistics. Suicides by male Germans seem to have reached their rate limit, having remained at 35 per 100,000 for a long time. But suicide among

Digitized by Google

German women is constantly increasing. Only about 24 American women in every 100,000 commit suicide. A decided fall in the rate of business failures in 1892 corresponded to a similar fall in the suicide rate, followed by a rapid rise in both rates during the panic year of 1903. But the economic condition of the nation is of course only one of many factors which determine the degree of suicidal frequency.

Abuse of Salt Solutions.

G. H. Evans, San Francisco (Journal A. M. A., December 30), says that the apparent harmlessness of sodium chlorid has led to its misuse, the capacity of the kidneys to eliminate it being altogether too much overestimated. He refers to a fatal case reported by Brooks where a careless nurse used a stock solution nearly saturated, the patient receiving almost nine ounces of the salts and dying from acute sodium chlorid poisoning. Another case, personally reported to him by a physician, in which very serious symptoms were produced, is also reported. The toxicity of sodium chlorid in large quantities has been abundantly demonstrated and the prevalent use of this remedy in cases of toxemia due to acute infections accompanied by marked diminution or absence of chlorid excretion deserves condemnation. The harm resulting from large amounts of water introduced is probably even greater than that produced from the effects of chlorid retention. The value of restriction of fluids in heart and kidney lesions, especially those with hypertension, has been almost universally recognized. Of course this does not apply to colonic flushing where the water is almost immediately expelled, but he urged a more restricted and discriminating use, and assurance that circulatory or renal conditions do not contraindicate it.

She was a lady visitor to the prison, kindly and well-meaning, and as she chattered with a burglar who had been sentenced to six months' imprisonment, she thought she detected signs of reform in him.

"And now," she said, "have you any plans for the future, on the expiration of your sentence?"

"Oh, yes, ma'am," he said, hopefully. "I've got the plans of two banks and a postoffice."

Digitized by Google

COUNTY SOCIETY EDITORS

A. B. Anderson, M. D., Pawnee City, Pawnee Co.
S. M. Baker, M. D., Alma, Harlan Co.
E. D. Banghart, M. D., David City, Butler Co.
H. H. Bellwood, M. D., Alliance, Box Butte Co.
J. S. Blanchard, M. D., Kearney, Buffalo Co.
J. H. Boyes, M. D., Hebron, Thayer Co.
F. A. Butler, M. D., Harvard, Clay Co.
E. S. Case, M. D., Stockville, Frontier Co.
W. F. Conwell, M. D., Neligh, Antelope Co.
Rachel M. Cooper, M. D., Aurora, Hamilton Co.
J. W. Craig, M. D., Minden, Kearney Co.
W. L. Curtis, M. D., Fairbury, Jefferson Co.
Sidney Eastman, M. D., Belgrade, Nance Co.
W. F. Engleman, M. D., Grand Island, Hall Co.
A. P. Fitzsimmons, M. D., Tecumseh, Johnson Co.
C. P. Fordyce, M. D., Manley, Cass Co.
C. L. Hooper, M. D., Butte, Boyd Co.
S. R. Hopkins, M. D., Hastings, Adams Co.
P. A. Long, M. D., Madison, Madison Co.
Jno. I. McGirr, M. D., Beatrice, Gage Co.
F. J. McRae, M. D., Albion, Boone Co.
W. F. Mitchell, M. D., Superior, Nuckolls Co.
M. M. Newbecker, M. D., Ord, Valley Co.
A. P. Overgaard, M. D., Fremont, Dodge Co.
Syl. Person, M. D., Stanton, Stanton Co.
C. D. Piasecki, M. D., St. Paul, Howard Co.
D. T. Quigley, M. D., North Platte, Lincoln Co.
M. A. Quincy, M. D., Ashland, Saunders Co.
Howard W. Quirk, M. D., Crete, Saline Co.
D. J. Reid, M. D. McCook, Red Willow Co.
B. F. Richards, M. D., Crawford, Dawes Co.
H. P. Sheldon, M. D., Scottsbluff, Scotbluff Co.
L. H. Sixta, M. D., Schuyler, Colfax Co.
Hal C. Smith, M. D., Franklin, Franklin Co.
P. A. Sundbury, M. D., Holdrege, Phelps Co.
A. E. Wade, M. D., Lexington, Dawson Co.

NEBRASKA NOTES AND NEWS.

Dr. L. L. Burstien has located at Winslow, Neb.

Dr. H. C. Andrews is a new yhpsician at Belgrade, Neb.

Dr. E. Neff of Omaha, is a new physician in Tamora, Neb.

Dr. F. S. Nicholson is mayor of St. Paul for the coming year.

Dr. Renbold Kanzler of Chicago, has located in Shelton, Neb.

Dr. T. N. Burke has moved from Fremont, Neb. to Elkhorn, Neb.

Dr. W. F. Scott of Omaha has recently located in Shelton, Neb.

Dr. Alfred A. Reeves is a new physician recently located in Lincoln, Neb.

Dr. G. W. Shilder, of York, Neb. has gone to Texas for the benefit of his health.

Dr. Spannare of Hordville, Neb., will remove to the little town of Funk, Nebraska.

Dr. J. L. Gillespie, late of Creighton College, has located at Schuyler, Nebraska.

Dr. J. C. Woodward has been elected mayor of Schuyler, Neb., for the coming year.

Dr. E. O. Wilson of Omaha has located at Madison, the home of his wife's people.

Dr. Ashton of Syracuse, Neb., who was reported seriously ill in March, is recovering.

Dr. Bisgard of St. Paul, Neb., after eleven weeks' illness is reported able to be out again.

Dr. J. F. Atha of Courtland, Neb. has returned to Sterling, Neb., where he formerly resided.

Dr. O'Hara of Fullerton, Neb. was nominated for state representative at the recent primary.

Dr. Roual Scudder of Chicago, recently of Broken Bow, Neb., has located in Arcadia, Neb.

Drs. Jones and Telleson of Wynot, Neb., have formed a partnership for the practice of medicine.

Digitized by Google

Dr. J. E. Lamb of Wahoo, Neb., died at his home in that city March 13th, at the age of 69 years.

Dr. McGinnis of Ord will remove to Grand Island and Dr. F. S. Vennedge of Sargent will remove to Ord.

Dr. Bundy of Ord, Neb. has removed to Sadorus, Ill., where he will continue the practice of medicine.

Dr. G. H. Rathburn late of Belle Fouche, S. D., has located at Fremont, Neb., for the practice of surgery.

Dr. W. H. Banwell of Orleans, Neb., died March 31, of senile sclerosis at the age of seventy-nine years.

Dr. Ira F. Richardson of Fremont married Miss Nina Phillips of Fremont on Wednesday, March 20, 1912.

Dr. Crutcher, who left Palmer, Neb. a short time ago for some eastern hospital has returned to his former home.

Dr. F. H. McCabe of Cambridge, Neb., was operated on for appendicitis March 20th and is reported recovering nicely.

Dr. Quincy of Ashland has been having a ten days' interview with bronchitis and has found it to be a real reducer.

Dr. E. R. Fletcher who has practiced in St. Paul for the last 35 years, disposed of his property and moved to California.

Dr. C. J. Blirne has moved from Grafton, Neb., to Fairbury, where he has office rooms in the First National Bank building.

The president of the Howard County Society, Dr. P. M. Pederson of Dannebrog, is the proud father of a little daughter.

Dr. Roush, a physician of the little town of Nora, Neb., is reported to have been arrested for wife-beating early in March.

Dr. E. O. Boardman, a pioneer physician of Nebraska, who resided at Overton for about 25 years, died recently in Portland, Oregon.

Dr. Kuegle of Ingleside was married February 24th to Miss Teresa M. Russell of Omaha at the latter place. They will reside at Ingleside.

Dr. Thomas Kelly of South Omaha, well known also in Canada and England, died at his home on C street March 11th, at the age of 60 years.

Dr. Albert J. Molzhan and Miss Sadie Hardy of Hay Springs were married in that city March 4th and will make their home in Hay Springs.

Dr. Frank Tornholm's friends will be pleased to know that a son arrived at his home December 10. Dr. Frank wears one of the his happiest smiles.

Dr. A. G. Emerson of Scottsbluff, has bought the building now occupied by him as a hospital and proposes to continue its management as in the past.

Dr. Henry D. Boyden, a pioneer physician of Grand Island, Neb. died at the Clarkson hospital in Omaha March 3 after a protracted illness, at the age of 60 years.

Dr. C. F. Stuart of Auburn, Neb., died at his home in that city March 15th, at the age of 80 years. The greater part of his professional life has been spent in Auburn.

The partnership existing between Drs. Pritchett & Coats of Fairbury, has been dissolved, Dr. Coats having rented the office rooms formerly occupied by the late Dr. E. S. Hawes.

Dr. Cole of Minatare has promised to locate a sanitarium at Minatare in the near future. The private hospital and sanitarium seem indicated in the growing towns of the west.

Dr. Corwin S. Clark has been offered the position of chief surgeon on the staff of The Homeopathic Hospital at Columbus, Ohio. He left last week to investigate the matter.

Digitized by Google

The Episcopal Hospital at Kearney, Neb., was opened the middle of March and is now in operation under the personal supervision of Bishop Beecher of the Kearney Diocese.

Dr. Frederick O. Beck and Miss Amy Lucille Kenmore, both of South Omaha, were married in San Francisco early in April. After a wedding trip they will make their home in South Omaha.

Dr. John B. Blazleton, at one time a surgeon with the rank of major in the U. S. Army, later of Fairbury and University Place, Neb., died at the latter place on March 24th, at the age of 84 years.

Dr. N. H. Blakeley of Geneva, who has been seriously ill in St. Joseph hospital, Omaha, has returned home much improved accompanied by Dr. Thompson, who will take charge of his practice until Dr. Blakeley's complete recovery.

The foundation is now being laid for the addition to the new State Tuberculosis hospital recently located at Kearney, and work will be pushed forward as rapidly as possible. Applications for more than can be accommodated are received.

The political friends of Dr. F. L. Frink of Newman Grove, had almost persuaded him to contest for the nomination and election of Member of Congress for the Third Nebraska District; but at the last moment the doctor declined to file his name.

The opening of St. Luke's Hospital under the direction of Bishop Allen Beecher, known to all Omaha people, is an addition to the city of Kearney, and in the near future we shall have a write-up of this from the Bishop. The hospital is much needed there.

Dr. Newall Jones, a prominent physician of Central City, Neb., has disposed of his practice to Dr. Fred Fouts and will spend a year in post-graduate study in Europe after which he will locate in Omaha. Dr. Fouts home was formerly in Central City.

Dr. C. H. Platz of Torrington, Wyoming, president of the Scottsbluff County Medical Society, is now quite sick with typhoid fever at the Scottsbluff sanitarium. His many friends in the valley on both sides of the line are hoping for his prompt and safe recovery.

Dr. and Mrs. Sidney Eastman of Belgrade, Neb, brought their two and one-half year old son to Omaha on March 26th, where he was operated on for osteomyelitis. They were compelled to remain in the city until April 3rd, the high water having stopped all train service.

The April meeting of Sounders County Medical Society convened in Wahoo, at 7 o'clock, Thursday evening, the 11 of April. Dr. McCaw of Colon, applied for membership and Drs. Bryson of Ithaca and Townsend of Weston promised to have their applications in before the meeting.

GENERAL NOTES AND NEWS.

The Colorado State Board of Health now requires the sterilization of garbage collected in towns and used for the feeding of hogs.

For the first time in the history of Bellevue Hospital the authorities have decided to allow women to take the examination for ambulance service.

Dr. Richard C. Cabot is mentioned as the probable successor to Dean Henry A. Christian of the Harvard Medical School, whose resignation has been accepted.

The date of the Minnesota State Medical Association has just been fixed and it is August 14 and 15, the House of Delegates meeting on the 13th. The place of meeting is Duluth.

Digitized by Google

A Japanese-Chinese School of Medicine has recently been opened at Mukden. It has accommodation for one hundred students. The education given is free and the teachers consist of sixteen Japanese and Chinese doctors.

One of the most dangerous menaces to health is the unsanitary outhouse commonly found on the grounds of county and village schools. A practical way to abate this nuisance may be had by sending to the United States Department of Agriculture for Bulletin No. 463.

The Samaritan Hospital, Kansas City, is said to have been closed by the Kansas City Board of Health February 28 as the result of information of nurses who tetsified at an inquest on the previous day that many criminal operations on women had been performed there.

Prof. A. Negri of the University of Pavia, Italy, has died. He discovered in the tissue of rabies the bodies called by his name which permit the early diagnosis of the disease. Negri also demonstrated that malaria can be eradicated by thorough treatment between epidemics of those affected.

Beginning March, 1912, The American Practitioner and News of Louisville, Ky., and The New England Medical Monthly, of Boston, Mass., will be combined under the title of The American Practitioner. It will be issued in New York City, monthly, under the editorship of Dr. John W. Wainwright.

Founders' Day of the Medical Department of the University of Michigan was celebrated February 22. Dr. Lewis S. Pilcher, Brooklyn, a graduate of the class of 1866, delivered the address of the evening on "Antitoxin Against Commercialism in Medicine." Following the address a reception was held in honor of Dr. Pilcher and Mr. Frederic G. Hallett of London, England.

In an attempt to trace the spread of infantile paralysis in the recent epidemic, two Massachusetts health officers investigated 88 cases in 17 communities, and have found reason for believing that the disease was carried by the common stable fly, stomoxys calcitrans. This fly and the mosquito were the only biting insects to be found in the vicinity of the patients.

Sir Frederick Treves, the famous English surgeon, who is now in this country, stated in an interview that what impressed him most upon this side of the ocean was not the wealth and splendor of the nation's metropolis, or the wonders of Niagara, or any of the other things he has seen about New York and Washington, but the wonderful triumph of American medical science upon the Panama canal zone.

A journal known as First Aid, the official organ of the First Aid Association of America, has appeared, with headquarters at Arlington, Mass. The first number contains a tribute to Clara Barton, a brief report of the sixth annual meeting, notice of the establishment of the international committee, the announcement of the appointment of Dr. Frederick H. Moss, Boston, as the head of the medical department, and reports of subordinate organizations.

Captain W. S. Patton, assistant director of the King's Institute for Preventive Medicine in Madras, has discovered complete developments of the parasite of kala-azar, or black fever, in Indo-European bed bugs. All that has been certain hitherto was that the disease probably was transmitted by a blood-sucker or dirt-eater, such as the bed bug, mosquito, tick, flea, louse or fly. Evidence of Captain Patton's discovery will be awaited with greatest interest by medical men and all interested in the welfare of tropical populations.

The Texas State Health Department has begun the establishment at Austin of a laboratory for the manufacture of diphtheria antitoxin, meningitis antitoxin, typhoid antitoxin, etc., the attorney general having decided that state money can be used for that purpose. The cost of these several sera is so exorbitant that they are out of the reach of the poor, costing, as they do, from $5.00 to $9.00 per "dose." It is said by the Texas health people that they can be furnished for 50 to 75 cents, and they will be furnished at cost price.

Digitized by Google

SOCIETY MATTERS.

TO THE NEBRASKA STATE MEDICAL ASSOCIATION MEMBERS. OUR PLACE OF MEETING IS LINCOLN, NEBRASKA. DATE, MAY 7-8-9, 1912.

Headquarters and all Meetings—Lindell Hotel.

All who are on the program should give a typewritten copy of their paper to the Official Stenographer with their name and address plainly written on it. Even though not on program do not fail to sign the Official Register. If you are a delegate be present at each meeting of the House of Delegates during the session and sign the Delegates' Register

JOSEPH M. AIKIN, Secretary.

Program of Nebraska State Medical Association

Tuesday, May 7, 1912.

11:00 a. m.—The House of Delegates will be convened by President A. D. Nesbit in the Lindell Hotel.

In accordance with the apportionment of delegates made at the Atlantic City Session of 1909, our State Association is entitled to two delegates for 1912.

The hour for subsequent meetings of House of Delegates and Council will be announced.

Tuesday, May 7, 1912, 1:30 p. m.

Call to Order by President A. D. Nesbit
Invocation Rev. B. M. Long, D. D.
Address of Welcome
Response
Announcements by Committee on Arrangements.

Papers and Discussions

The time limit in reading a paper is twenty minutes. In discussions no speech is to exceed five minutes, and no speaker is permitted to speak more than twice in discussing a paper. The absence of the author when his paper is called in the regular sequence relegates such paper to the end of the program.

Every paper read before the society **shall be its exclusive property, and shall be deposited with the secretary when read.** If not so deposited the committee on publication may decline **to publish it.**

During the discussion of papers, the speakers will please announce their names plainly for the benefit of the stenographer, and then walk forward to the president's platform so that the audience and the stenographer may plainly hear what is said.

SCIENTIFIC PROGRAM.

One General Section for All Papers and Discussions

1. Conservation of Breast Milk for the Young Infant.
   H. O. Everett, Lincoln
   Discussion opened by
   Mary Strong, Omaha
2. Nephritis in Children (report of case).
   I. S. Cutter, Lincoln
3. Paranoia and Paranoid Dementia.
   L. B. Pilsbury, Lincoln.
4. Preventable Insanity.
   W. B. Kern, Ingleside
   Discussion opened by
   Joseph M. Aikin, Omaha.
5. Smallpox: Observation in the Tropics; Special Stress on Diagnosis; Treatment and Value of Vaccination; Late Finsen Red Light Treatment.
   A. J. Coats, Fairbury
6. Practical Application of Vaccine Therapy in Pulmonary Tuberculosis.
   J. H. Tyndale, Lincoln
7. Anti-Typhoid Serum in Typhoid Fever. Report of thirty-seven cases.
   William Ream, Walthill
8. The Nebraska State Tuberculosis Sanitarium.
   S. M. Stearns, Kearney
9. Shall Medical Knowledge Concerning Infectious and Contagious Diseases Be Given to the Public, and How?
   H. L. Wells, West Point

Wednesday, 9 A. M., May 8, 1912.

10. Acute Infections in the Upper Air Passages, With Some Complications.
    J. S. Goetz, Omaha
11. Iodine Sterilization in Its Application to General Practice.
    F. A. Long, Madison
12. Typhoid Symposium—
    (a) Etiology and Pathology.
    J. M. Mayhew, Lincoln
    (b) Symptomatology and Diagnosis.
    P. H. Salter, Norfolk
    (c) Complications.
    J. F. Stevens, Lincoln
    (d) Treatment.
    W. F. Milroy, Omaha
13. Anti-Typhoid Inoculation.
    J. M. Banister, Omaha
14. Typhoid in Infants.
    H. M. McClanahan, Omaha
    Discussion opened by
    H. S. Summers, West Point
15. Relaxation of the Sarco-Illiac Joint.
    A. F. Tyler, Omaha
16. Prevention of Deformity. Illustrated with stereopticon slides.
    W. H. Orr, Lincoln
17. Presentation of a Case Cured by Lymphangioplasty, and Remarks.
    Geo. H. Haslam, Fremont

Wednesday, 1:30 P. M., May 8, 1912.

18. Affections of the Chest. Dome of the Liver and Subphrenic Space Amenable to Transpleural Surgical Attacks, Technique.
    John E. Summers, Omaha

Digitized by Google

19. Syphilis Symposium—
    (a) Syphilis of the Aorta.
        A. D. Dunn, Omaha
    (b) Syphilis in Diseases of the Eye.
        D. C. Bryant, Omaha.
    (c) Syphilis in the Nose and Throat.
        W. P. Wherry, Omaha
    (d) Syphilis of the Skin.
        Alfred Schalek, Omaha
    (e) Syphilis, With Special Reference to the Cord.
        F. E. Coulter, Omaha
20. A Resume of the Use of Salvarsan in Diseases of the Nervous System.
    G. Alexander Young, Omaha
    Discussion opened by
    L. B. Pilsbury, Lincoln
21. Abnormalities of the Mastoid.
    W. F. Califas, Omaha
22. Intracranial Complications of the Ear.
    Louis B. Bushman, Omaha
23. The Duty of the General Practitioner to the Deaf.
    H. B. Lemere, Omaha
    Discussion opened by
    W. L. Dayton, Lincoln
24. Discussion of the Axis Traction Forcep.
    J. Clarence Webster, Chicago, Ill.
25. Preventive Gynecology.
    W. O. Henry, Omaha
    Discussion opened by
    J. S. Welch, Lincoln
26. Mortality and Morbidity of Puerperal Sepsis.
    Palmer Findley, Omaha
    Discussion opened by
    F. E. Way, Wahoo

Thursday, 9 A. M. May 9, 1912.

Address, The principles of treatment in Nephritis.
Martin H. Fischer, M. D., Cincinnati, O.

27. Symposium on Placenta praevia—
    (a) Clinical Phenomena.
        W. S. Evans, Columbus
    (b) Management.
        A. B. Somers, Omaha
    (c) Casuistics.
        Chas. Pollard, Omaha
28. Ectopic Pregnancy.
    Harry A. Taylor, University Place
    Discussion opened by
    S. A. Campbell, Tilden
29. Rupture of the Uterus.
    Robt. R. Hollister, Omaha
30. The History and Etiology of Tubal Pregnancy.
    M. J. Ford, Omaha
31. Report of a Case of Stiff Knee (Bony Ankylosis), With Operation Establishing a New Knee Joint.
    D. T. Quigley, North Platte, and E. C. Stevenson, Gothenberg.
32. Suprapubic Prostatectomy the Operation of Choice.
    S. C. Beede, David City

Thursday, 1:30 P. M., May 9, 1912.

33. Chronic Appendicitis Simulating Gastric Ulcer, With Cases.
    H. L. Akin, Omaha
    Discussion opened by
    J. E. Summers, Omaha
34. Infectious Diseases of the Eye.
    J. B. Potts, Omaha
    Discussion opened by
    W. S. Shields, Holdrege
35. X-Ray Diagnosis of Stomach and Bowel Lesions—
    (a) Its Present Position in Differential Diagnosis.
    (b) Localization.
    (c) Limitation.
    W. H. Mick, Omaha
36. Conservation of Health.
    C. P. Fall, Beatrice

Social Features.

Tuesday, May 7, 2:30 p. m., from the Lindell Hotel, visiting ladies will be tendered an automobile ride about the city. **Mrs.** Aldrich has kindly consented to be at home from 3 to 4 p. m., so that the trip will include a stop for those who wish to call at the Governor's mansion.

Tuesday, May 7, 5:30 p. m., a luncheon will be given to the visiting women physicians by the Medical Women's Club of Lincoln at the home of Dr. Inez Philbrick, 1923 H street.

Tuesday Evening, at 8 o'clock, a reception in the banquet room of the Lindell Hotel, followed at 8:30 by the President's address.

Wednesday, May 8, 2:30 p. m.—Lady guests of the Association will be entertained at the Orpheum Theater. Tickets may be obtained from the Chairman of the Entertainment Committee.

Wednesday Evening, May 8, 6:30.—Banquet at the Lincoln Hotel. Toastmaster, Dr. Geo. E. Shidler of York, Neb. Addresses by Drs. J. N. Hall and C. E. Tennant of Denver, Colo. Orchestra and solos.

Members of the Association with their wives, or invited guests are cordially asked to attend the banquet. Tickets, $1.50 per plate, may be obtained from Dr. B. F. Bailey, Chairman of the Banquet Committee.

Members of the House of Delegates

Dr. J. P. RIDDILE, Hastings	Adams	Dr. A. V. STEPHENSON, Crawford	Dawes
Dr.	Antelope	Dr.	Dawson
Dr. G. W. SULLIVAN, St. Edwards	Boone	Dr.	Dixon
Dr.	Box Butte	Dr. J. M. PATTON	Douglas
Dr. H. A. SKELTON, Spencer	Boyd	Dr. A. D. DUNN	Douglas
Dr. M. WOOD, Tekamah	Burt	Dr. ROBT. R. HOLLISTER	Douglas
Dr. F. A. PACKARD, Kearney	Buffalo	Dr. W. B. CHRISTIE	Douglas
Dr. H. E. MARSELUS, Octavia	Butler	Dr. CHAS. R. BYERS, Nickerson	Dodge
Dr.	Cass	Dr.	Fillmore
Dr. J. M. O'CONNELL, Ponca	Cedar	Dr. N. T. JOHNSTON, Upland	Franklin
Dr.	Cherry	Dr. L. W. RORK, Oxford	Furnas
Dr.	Cheyenne	Dr. S. E. YODER, Wymore	Gage
Dr.	Clay	Dr.	Hall
Dr. C. G. MOORE, Schuyler	Colfax	Dr.	Hamilton
Dr. I. L. THOMPSON, Beemer	Cuming	Dr. J. N. CAMPBELL, Stamford	Harlan
Dr. F. W. BUCKLEY, Broken Bow	Custer	Dr. J. P. GILLIGAN, ONeill	Holt

Digitized by Google

Dr. P. M. PEDERSON, Dannebrog	Howard	Dr. W. R. NEUMARKER, Columbus	Platte
Dr. S. N. DODGE, Fairbury	Jefferson	Dr. DAVID WESTFALL, Polk	Polk
Dr. CHESTER D. BARNES, Tecumseh	Johnson	Dr.	Red Willow
Dr. H. FARRELL, Axtell	Kearney	Dr. J. A. WAGGONER, Humboldt,	Richardson
Dr. W. H. BRITT, Creighton	Knox	Dr.	Rock-Brown
Dr. J. S. WELCH, Lincoln	Lancaster	Dr. P. F. DODSON, Wilbur	Saline
Dr. E. W. ROWE, Lincoln	Lancaster	Dr. E. O. WEBER, Wahoo	Saunders
Dr. M. A. AMES, North Platte	Lincoln	Dr. A. J. STEWART, Mitchell	Scottsbluff
Dr.	Madison	Dr.	Seward
Dr.	Merrick	Dr. L. E. DICKINSON, Rockville	Sherman
Dr. PAUL C. OHAVER, Fullerton	Nance	Dr. W. R. PETERS, Stanton	Stanton
Dr.	Nemaha	Dr. R. F. DECKER, Bryan	Thayer
Dr. J. A. TROWBRIDGE, Superior	Nuckolls	Dr. C. J. MILLER, Ord	Valley
Dr.	Otoe	Dr. G. A. LANGSTAFF, Blair	Washington
Dr. W. L. WILMOTH, Burchard	Pawnee	Dr. J. J. WILLIAMS, Wayne	Wayne
Dr. S. F. SANDERS, Holdrege	Phelps	Dr. E. A. CREIGHTON, Red Cloud	Webster
Dr. F. H. NYE, Plainview	Pierce	Dr. F. G. SNYDER, York	York

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The report of a highly successful and intensely interesting meeting of this society at Colfax will come in the nature of a surprise to many members who were snow-bound in many sections of the West during the terrific blizzard which swept over the state of Iowa and Northern Missouri the day before the opening of the sessions. The attendance, while curtailed considerably by the storm, which blocked many of the railway lines, was distinctively a representative one, and proved conclusively that it requires more than the raging fury of the Snow King to daunt the courage and enthusiasm of the loyal members of our socity. And those who braved the elements were amply repaid. The invited guests, with one exception, were promptly on hand with excellent papers. Many of those in attendance pronounced the program the best they had every listened to.

The profession of Des Monies took a marked interest in the proceedings, contributing in no small measure to the interest of the meeting, by arranging a series of clinics in their city for Saturday. Quite a number availed themselves of the opportunity of seeing the Methodist and Mercy hospitals. Surgical clinics were held by Drs. Stoner, McCarthy, Minnassian, and Ryan, while the medical clinics were conducted by Drs. Ely and Bierring. All were most interesting. A most pleasant and relaxing feature of the week was the luncheon at Hotel Chamberlin on Saturday, tendered the visitors by the profession of Des Moines. Covers were laid for fifty, and an appetizing menu was disposed of. A feeling of good cheer was prevalent during the progress of the meal, culminating in a "call to order" by Dr. Stoner, who welcomed the guests and introduced the toast-master, Dr. Chas. Ryan, who punctuated his introductions with atoms of wit. Those who talked more or less to the point, were Drs. Bierring, Pennington, Fassett, Walker, Dorr, Lord, Littig, et al.

The ladies were delightfully entertained at Hotel Colfax by Mrs. Jas. P. Donahue, the charming wife of the proprietor, a card party, a tea, and a dance on Saturday night being features of the occasion. All were charmed with Hotel Colfax, and it was unanimously agreed that a more pleasant place for holding a meeting could not be found. A vote of thanks was tendered the management of Hotel Colfax for excellent accommodations and reasonable rates; and also to Dr. Ryan and his associates for their good work in making arrangements for the meeting.

HARLAN COUNTY MEDICAL ASSOCIATION.

The Harlan County Medical Association elected the following officers: President, Dr. O. J. Vallicott of Republican City; vice-president, Dr. W. L. Sucha of Orleans; secretary and treasurer, Dr. S. M. Baker of Alma; censor for three years, Dr. J. O. Hoffman of Orleans; state delegate, Dr. J. N. Campbell of Stamford; alternate, Dr. W. C. Bartlett of Alma.

Digitized by Google

SCOTTSBLUFF COUNTY MEDICAL ASSOCIATION.

The April meeting of the Scottsbluff County Medical Society was held in Mitchell, Neb., April 29. The following papers were read: "Actinomycosis", by Dr. C. H. Churchill of Alliance, discussion introduced by Dr. Stewart of Mitchell. "Diarrhoeas of Summer", by Dr. C. N. Moore of Gering, discussion by Dr. Faulk of Mitchell. "Medical Observations Abroad," by Dr. Fix, of Gering. Demonstration of the Sphygmomanometer by Dr. Crawford of Scottsbluff.

REPUBLICAN VALLEY MEDICAL ASSOCIATION.

"The Republican Valley Medical Association will meet on May 30th, 1912, at Holdrege, Neb. Holdrege is centrally located in the territory, and has excellent train service. A good program has been secured, and a large attendance is expected. Everybody cordially invited.

AN OMISSION.

We received from the chairman of the committee on Revision of the By-Laws of the Nebraska State Medical Association, a message to the profession, for publication in the April issue of the Western Medical Review. By some unaccountable means it was omitted and we wish to express our regret to the committee and hope the omission will not seriously affect their work.

BOOK REVIEWS.

REVIEW OF MUNRO'S "SUGGESTIVE THERAPEUTICS," FROM BULLETIN OF THE JOHNS HOPKINS HOSPITAL.

Any medical book which has achieved a third edition must have filled a want and be deservedly popular. The author has very successfully stated facts in a simple way, which are ordinarily couched in technical language, and has added many illustrative cases to render things still more clear. He deserves great credit for his work and we believe that every practitioner, who is not already familiar with the cardinal principles of psychotherapy, will gain much by a perusal of this work. Sound common sense is the keynote of the whole work.

KANAVEL ON INFECTIONS OF THE HAND.

A Guide to the Surgical Treatment of Acute and Chronic Suppurative Processes in the Fingers, Hand and Forearm. By Allen B. Kanavel, M. D., Assistant Professor of Surgery, Northwestern University Medical School, Chicago. Octavo, 447 pages, with 133 illustrations. Cloth, $3.75, net. Lea & Febiger, Philadelphia and New York, 1912.

It is strange that the surgery of infections of the hand has never before been properly explained, for this member is the most exposed portion of the human body, is the universal tool in all industries, and is indispensable for the great mass of mankind in making a living and in almost every action of daily life. Anatomically the hand is tremendously compact, particularly in its various muscles, tendons and fasciae, and its direct connection with the lymphatics of the arm makes its infections highly dangerous. Dr. Kanavel has made a special study of all these problems, and has been able to reduce the hitherto unsatisfactory surgery of the hand to comparatively simple principles and directions. He has illustrated his work with many original drawings. Such a work will be needed not only by every surgeon, but also by all general practitioners, for injuries of the hand are met with everywhere, and require prompt and proper care. It is rare that any medical book can be said to render a high public service, but this is obviously true of the present work.

Digitized by Google

GUENTHER'S EPITOME OF PHYSIOLOGY.

A Manual for Students and Practitioners. By A. E. Guenther, Ph. D., Professor of Physiology in the University of Nebraska, and Theodore C. Guenther, M. D., Attending Physician, Norwegian Hospital, Brooklyn, N. Y. New (2d.) edition, thoroughly revised. 12mo. 269 pages, illustrated. Cloth, $1.00, net. The Medical Epitome Series. Lea & Febiger, Publishers, Philadelphia and New York. 1912.

The continued demand which has absorbed several printings of the first issue of this work, and has now led to the publication of a new edition, is a fair indication that it has accomplished the object for which it was created. Its purpose is to furnish the student and practitioner a brief exposition of Physiology as a means of quickly reviewing the essential features of the subject. In this new edition both text and illustrations have been subjected to searching revision.

MANUAL OF PATHOLOGY.

The manual of "Practical Pathology", by Dr. Warthin, is an excellent thing to put in the hands of any one who is struggling to achieve position as a practical pathologist. The importance of the legal aspects of the autopsy are well set-forth. All the requisite details of technique are given. System in examination is well emphasized. The "Form Farbe, Fleuchtigkeit" of the German post-mortem room in addition to other details, are fittingly insisted upon. The author's method of opening the skull was unknown to me under his name. The book contains a fund of accurate anatomical knowledge which stands one in good stead at the post-mortem table. In the regular pathologies one has trouble in obtaining the proper measurements of normal organs. Although not so full of information, the book is a worthy substitute for the pathological technique of Orth.

DUNN (Omaha).

CASE HISTORIES IN MEDICINE.

This volume is the fourth of the Case History Series. One hundred case histories have been selected to cover well the field of general medicine. These have been classified in nine chapters under the headings, Infectious Diseases, Diseases of Gastro-Intestinal and Biliary Tract, Diseases of the Urinary Tract, Diseases of the Circulation, the Respiratory System, the Nervous System, etc. A final chapter, Notes on Drug Therapy, is of marked interest.

Dr. Cabot states that he has prepared this book with practitioners primarily in mind and that he has gone into details of Prognosis and Treatment, "what the patient and his family want, more thoroughly."

The author's experience as a teacher of post-graduate as well as undergraduate classes and his well known success in the use of the Case History method lead us to expect what we actually find in the book, an interesting and valuable post-graduate course in general medicine.

W. M. Leonard, publisher, 101 Tremont street, Boston, Mass. Price $3.00.

A REFERENCE HANDBOOK OF OBSTETRIC NURSING.

By W. Reynolds Wilson, M. D. Second Edition. Illustrated. The W. B. Saunders Co., Philadelphia, 1911. Price $1.25.

When the first edition of this little book, which is small enough to go in the pocket, appeared in 1907, we referred to it in terms of praise Directions given by an experienced obstetrician to a trained nurse are necessarily of value to young and inexperienced obstetricians as well, and it would be fortunate if every student of medicine in addition to his text-book on obstetrics was instructed to read and study this little work. This being true, it is manifest that the volume is adequate and complete for the instruction of the obstetric nurse.

Digitized by Google

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynaecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and Other Topics of Interest to Students and Practitioners.

By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A. With the collaboration of Wm. Osler, M. D., Oxford; John H. Musser, M. D., Philadelphia; A. McPhedran, M. D., Toronto; Frank Billings, M. D., Chicago; Chas. H. Mayo, M. D., Rochester; Thos. H. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Richard Kretz, M. D., Vienna. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volumes III. and IV. Twenty-first series, 1911. Price $2.00 per volume. Philadelphia and London. J. B. Lippincott Company, 1911.

A TEXT-BOOK OF MEDICAL DIAGNOSIS.

By James M. Anders, M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, and L. Napoleon Boston, M. D., Adjunct Professor of Medicine, Medico-Chirurgical College, Philadelphia. Octavo of 1,195 Pages, With 443 Illustrations, 17 in Colors. Philadelphia and London. W. B. Saunders Company, 1911. Cloth, $6.00 Net; Half Morocco, $7.50 Net.

The many new diagnostic signs described and illustrated in this book will prove of the greatest value to you. The Kocher-Boston sign in ophthalmic goiter, the Wassermann-Noguchi reaction, the ophthalmotuberculin, cutaneous tuberculin, and the other tuberculin reactions are all elaborately detailed. An entirely new feature in illustrating is the use of moving pictures to portray certain nervous diseases, where gait, attitude, head tic, etc., are the main diagnostic signs. Two other features consist in the pathologic definitions heading the diseases and the tables of differential diagnoses.

PATHOLOGICAL TECHNIQUE.

Including Directions for the Performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By F. B. Mallory, M. D., Associate Professor of Pathology, Harvard Medical School; and J. H. Wright, M. D., Director of the Pathological Laboratory, Massachusetts General Hospital. Fifth Revised Edition. Octavo of 507 Pages, Illustrated. Philadelphia and London, W. B. Saunders Company, 1911. Cloth, $3.00.

The fifth revision of this valuable text-book maintains the character which has always dominated the work. It has taken much new matter and many new methods to bring the text to date.

It will continue to stand in the front rank as a text book.

A MANUAL OF THE PRACTICE OF MEDICINE.

By A. A. Stevens, M. D. Ninth Edition, Revised. The W. B. Saunders Co., Philadelphia, 1911. Price $2.50.

The size of this book places it between the more exhaustive works upon the practice of medicine and the smallest of the so-called quiz compends. Altogether it covers less than six hundred pages. The text is too condensed to enable it to be used to the exclusion of larger volumes, but it will doubtless continue to prove popular with students who wish to be provided with a book which presents in a summary form the facts which they should remember as the result of careful study. No fault can be found with the accuracy of its statements, and any student who has used one of the larger

Digitized by Google

volumes can feel assured at the end of his term that if he is familiar with this text he need not fear the result of an examination for his degree, or for his license to practice.

VETERINARY BACTERIOLOGY.

By Robert E. Buchanan, Ph. D. 214 Illustrations. W. B. Saunders Company, Philadelphia and London, 1911. Price, $3.00.

This book is a revision of lectures on veterinary bacteriology given during the past six years in Iowa State College. The contents are divided into six sections: (1) Morphology, Physiology and Classification of Bacteria; (2) Laboratory Methods and Technic; (3) Bacteria and Resistance of the Animal Body to Disease; (4) Pathogenic Micro-organisms Exclusive of the Protozoa; (5) Pathogenic Protozoa; (6) Infectious Diseases in which the cause is not certainly known.

The first three sections, 182 pages, are identical with what would be given for human bacteriology. It is brief, well written, and clear text, in every way admirable for students. This is particularly true of the presentation of immunity and allied subjects. In the discussion of bacteria in the second part a number pathogenic for man only have been included, because of their close relation to those of veterinary significance or as illustrative of some special point.

MERCK'S MANUAL OF THE MATERIA MEDICA. (Fourth Edition).

A Ready Reference Pocket Book for the Physician and Surgeon. Containing a Comprehensive List of Chemicals and Drugs—Not Confined to "Merck's"—With Their Synonyms, Solubilities, Physiological Effects, Therapeutic Uses, Doses, Incompatibles, Antidotes, Etc. A Table of Therapeutic Indications, With Interspersed Paragraphs on Bedside Diagnosis, and a Collection of Prescription Formulas, Beginning Under the Indication "Abortion" and Ending With "Yellow Fever;" a Classification of Medicaments and Miscellany, Comprising Poisoning and Its Treatment and An Extensive Dose Table; a Chapter on Urinalysis and Various Tables, Etc. (Merck & Co., 45 Park Place, New York, 1911. 493 Pages. Sent on Receipt of Forwarding Charges of 10 Cents, in Stamps, to Physicians or to Students Enrolled in Any College of Medicine in the United States).

MANUAL OF PATHOLOGY.

Manual of Pathology and Morbid Anatomy. By T. Henry Green, M. D., F. R. C. P. Eleventh Edition. Revised and Enlarged by W. Cecil Bosanquet

The 1911 publication of this manual makes the eleventh edition of the work. There are a number of important changes not contained in the previous editions. The chapters on Parasites have been lengthened and there has been added a section on Spirochaetes. Wassermann's reaction is explained and simplified by an ingenious diagram.

In the chapters on Affections of the Skin and Joints the author takes up these subjects more fully and more systematically than in former editions. The illustrations are numerous and are especially good, particularly those of gross-pathological lesions of the heart and blood vessels.

It is an easy book of reference owing to the heavy type used to emphasize the various changes occurring in tissues and organs. It is a work to be especially recommended to the student and the busy practitioner, as the subjects of pathology and morbid anatomy are dealt with in a clear, concise, yet thorough manner. A. P. Condon (Omaha).

Digitized by Google

MISCROSCOPY, BACTERIOLOGY AND HUMAN PARASITOLOGY.

By P. E. Archinard, A. M., M. D., Bacteriologist, Louisiana State Board of Health and City Board of Health, New Orleans. New (Second) Edition, Thoroughly Revised. 12mo, 267 Pages, With 100 Engravings and 6 Plates. Cloth, $1.00, Net. The Medical Epitome Series. Lea & Febiger, Publishers, Philadelphia and New York, 1912.

As a concise presentation of the essential points of Bacteriology and Microscopy this little work has won the favor of students and practitioners. In its new edition the scope has been broadened to include some of the protozoa, an improvement which should increase its usefulness to the practicing physician and to the advanced student. The features which gained for it the approbation of its readers have been continued in the present very thorough revision.

PROGRESSIVE MEDICINE.

Progressive Medicine for March, 1912, Consists of a Review of the Literature of the Past Year On the Surgery of the Head, Neck and Thorax by Charles Frazier; Infectious Diseases, Including Acute Rheumatism, Croupous Pneumonia and Influenza, by John Ruhrah; Disease of Children, by Floyd Crandall; Rhinology and Laryngology, by Dr. Braden Kyle, and Otology, by Arthur B. Duel.

It would be impossible in this brief review to consider all of the valuable subjects that are considered in this number of Progressive Medicine and so mention will be made of only the more important.

In the first chapter the articles on brain puncture, hydrocephalus, exophthalmic goitre, crevical lymphadenitis, persistent thymus and intratracheal insufflation are especially noteworthy.

The second chapter opens with a review of the advances made in our knowledge of the infectious diseases. A review of an article by Hill, calling attention to the unnecessarily high death rate from diphtheria in the United States, is worth reading. He believes that the reason for this is that in districts apart from the large medical centers diphtheria is not recognized in a sufficiently large number of cases and that antitoxin is not used in sufficiently large doses or sufficiently often. One reason for this, as he says, is "the recent agitation concerning anaphalaxis; however, the danger of death from diphtheria is incomparably greater than the occasional death from serum disease and of the two evils we should certainly choose the lesser."

The articles on hookworm disease and malaria are interesting and instructive, as are the articles on meningitis and poliomyelitis.

Hecht's test for scarlet fever, pinching the skin of the chest and holding it under pressure for five to ten seconds, when small petechial hemorrhages will be found, is reviewed. Mention is made of an article by Bennecke, calling attention to this sign, which he says is a good negative test, but when positive one has to consider other acute infections in which the sign may be noted at times.

Tuberculosis is reviewed at some length and the controversy as to whether the disease may be acquired from the milk of animals affected with the disease is considered; no absolute conclusion being reached as yet. The use of antiformin in the examination for the tubercle bacillus and the prognostic value of Arneth's method of blood counting in tuberculosis are among the interesting subjects taken up under this head.

Purulent infections of the urinary tract in infants, gastric disorders in infants, infant food and feeding are among the more important subjects considered by Ruhrah under diseases of children.

Vasomotor disturbances of the nose, purulent rhinitis ozena, nonsuppurative disease of the ethmoid sinus, the ocular symptoms of sinus disease and the relation between the tonsils and tuberculosis and other in-

Digitized by Google

Digitized by Google

Digitized by Google

fections are reviewed at some length in the section on diseases of the nose and throat.

Otosclerosis, a review of the literature on diseases affecting the labyrinth, and a review of an article by Beck of Vienna on "The Organ of Hearing and Multiple Sclerosis" are the most important subjects considered under otology. Beck has long thought it probable that in this disease changes analgous to the changes found in the optic nerve also occurred in the auditory nerve. His paper is an extensive study of two cases, with the idea that in many cases this ear condition might aid in the early diagnosis of this condition.

Frank M. Conlin (Omaha).

DORLAND'S AMERICAN ILLUSTRATED MEDICAL DICTIONARY.

A New and Complete Dictionary of Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Medicine, Nursing, Biology and Kindred Branches; with new and elaborate tables. Sixth revised Edition. Edited by W. A. Newman Dorland, M. D. Large octavo of 986 pages, with 323 illustrations, 119 in colors. Containing over 7,000 more terms than the previous edition. Philadelphia and London. W. B. Saunders Company, 1911. Flexible Leather, $4.50 net; thumb indexed, $5.00 net.

W. B. Saunders Company have just issued a new (16th) edition of their Illustrated Catalogue which describes some forty new books and new editions published by them since the issuance of the former edition.

The books listed in this catalogue cover every subject of interest to the medical man. The descriptions and illustrations are such as to enable the reader to select easily just the book he wishes on any branch. It is really an index to correct medical literature—an index by which the practitioner, the surgeon, and the specialist can acquaint himself with what is new in the literature of his subject.

This edition also contains an illustration and description of Saunders' new building, now being erected on Washington Square, Philadelphia's new publishing center.

Any physician wishing a copy of this handsome catalogue can obtain one free by addressing W. B. Saunders Company, 925 Walnut street, Philadelphia.

SILLY QUESTIONS.

While he was in Chicago recently Strickland W. Gillilan, author of Off Again, On Again, Gone Again—Finnegan, told a number of his best stories at a dinner.

"Over at Leipsic, O., last winter," he said, "I sat at the same table with the man who had charge of the lecture course there. During the conversation I remarked that I would like to have a glass of water on the stage that night while I was talking.

" 'To drink?' he asked.

" 'No, I make a high dive in the second act,' I replied."—Chicago Tribune.

JOHN'S WHEREABOUTS.

A San Francisco woman, whose husband had been dead some years, went to a medium, who produced to her satisfaction the spirit of her dead husband.

"My dear John," said the widow to the spirit, "are you happy now?"

"I am very happy," John replied.

"Happier than you were on earth with me?" she asked.

"Yes," was the answer. "I am far happier now than I was on earth with you."

"Tell me, John, what is it like in Heaven?"

"Heaven!" John replied, "I'm not in Heaven."—National Monthly.

Digitized by Google

NOBODY LOVES A DOCTOR

Nobody loves a doctor,
  Nobody cares for him,
We hate his pills and curse his bills
  And fear his aspect grim.
He's but a shameful fakir,
  A quack and fraud is he—
But when we're ill, in language shrill
  We send this C. Q. D.:

"Oh, doctor, doctor, doctor!
  Please come right over quick!
I've a terrible pain in my throbbing brain
  And I fear I'm awful sick.
Oh, doctor, doctor doctor!
  Hurry as fast as you can.
Please hear my cry—I'm about to die—
  And I want a doctor-man."

Nobody loves a doctor,
  He cures less than he kills,
For one he saves, a thousand graves
  With poison'd stiffs he fills.
He is a hardened sinner,
  A liar, knave and cheat,
Some day he'll die and then he'll fry,
  But meanwhile, we repeat:

"Oh, doctor, doctor, doctor!
  Pray hark to my distress,
My baby's crying and maybe dying,
  So please don't stop to dress—
Oh, doctor, doctor doctor!
  I've had an awful fright,
But 'twas a pin that scratched its skin
  So you can go—Good night."

Nobody loves a doctor,
  The world would better be
If all his clan, to the last man,
  Were sunk deep in the sea.
He's but a vain pretender,
  An addle-pated drone,
And yet some day we'll likely say
  These words into a 'phone:

"Oh, doctor, doctor, doctor!
  Please, doctor, I need you,
The stork is near—it's almost here—
  Oh, doc, what shall I do?
Oh, doctor, doctor doctor!
  Forgotten are your sins,
If you'll but hurry, I won't worry,
  Not even if it's twins."

—Glenn Robert Guernsey.

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00. The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

Dr. A. G. HAMILTON, Thermopolis, President DR. W. H. ROBERTS, Cheyenne, Secretary
DR. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. H., Rock Springs.

Vol. XVII. CHEYENNE, WYO., MAY, 1912. No. 5

ABSTRACTS.

The "Blue Sky" Law and Medical Frauds.

According to estimates by credit-rating concerns and the postoffice authorities, the people of the United States lose more than one hundred million dollars a year through fake and wild-cat securities. Kansas is the only state, so far as we know, that has attempted to protect its people against this class of swindling. That state has a law which is popularly known as the "blue sky" law. It is estimated to save Kansas investors two million dollars a year. But it simply covers one line of business, that of stock-selling in its broad sense; it does not cover the multitude of other fake schemes such as those of the swindling "patent" medicine fakers. It protects only people who have money to invest and who might be considered well-to-do or even rich. Commendable as it is, it does not protect the people who need protection most—those who are sick, or think they are sick, and who are more likely to be influenced by misrepresentation than any other class of people. The admirable Kansas law should be extended to protect people from the most vicious form of swindling. If the people of the United States are swindled out of a hundred million dollars annually by stock jobbers and similar concerns, it would not be a reckless statement to make that they are swindled out of twice that sum by those who prey on the sick—the "patent-medicine" swindlers and quacks, es-

Digitized by Google

pecially if the mail-order fakes are included. Should the people not be protected also against this more damnable and dangerous form of swindling?

Wayward Girls.

The study of wayward girls made in New York by the Episcopal Church Mission of Help, has added more proof to what has been known since long before Lombroso so conclusively showed that they were the female counterpart of the male criminal. Each class comes from respectable families as a rule and as each is more or less mentally lacking, the problem is essentially a medical one to find out why they depart from parental type. The causes are mostly pre-natal, but the environment after birth has a great deal to do with it. The reformatories have proved a thousand times over that the young criminal who through sheer weakness has bent to the evil influences of his environment can be straightened up if properly managed soon enough, and that he will keep straight, as a rule, when he is given this new strength, though of course there is no cure for his lack of mental development. The workers in the female field report equal success with wayward girls who are nearest the normal, but the worst are incorrigible.—American Medicine.

The Treatment of Nocturnal Enuresis In Children.

Ruhrah (American Journal of the Medical Sciences, February, 1912) has had remarkable results in a certain class of cases of enuresis, through the administration of thyroid extract. These cases have been described by Williams as follows: The children have a subnormal temperature, the usual range being from 96.2° to 97.2° F. (in some cases even lower); they complain of being cold, even when somewhat overclothed, and they have what is spoken of as "dead fingers"—one or more fingers becoming blanched and very cold when the child is exposed to cold, and often at other times; they feel cold even in summer, and suffer more at night than during the day. They are undersized and under weight. About one half have adenoids, but nasal respiration is free. The high arched palate is present in all these cases, and Williams believes that these things together indicate thyroid insufficiency.

To these children between two and six years of age, one half grain of dried thyroid is given twice daily, and this amount may be increased somewhat for older children. The increase in dose should be made slowly, as directly opposite results are oc-

Digitized by Google

casionally induced by overdoses. In every instance of favorable result, a marked difference was noticed after giving one or two doses, and in all cases within a week. It has not been found necessary to continue the thyroid over long periods of time.

The Term "Rheumatism."

No term in medicine is more loosely, not to say more recklessly, applied than "rheumatism." As still used, it covers a multitude of erroneous diagnoses. To some medical minds every painful or swollen joint represents a manifestations of rheumatism—this in spite of the fact that the etiology may be entirely different. Many of these conditions are no doubt of bacterial origin, especially the more acute forms, while in the chronic types disorders of metabolism, trophic disturbances, or autointoxications seems to play a prominent part.

There is every reason to believe that acute articular rheumatism is of microbic character, probably a streptococcic infection, and it would be well if the term "rheumatism" were restricted to this disease alone. Other forms of acute inflammations of the joints can be advantageously designated as arthritis, qualified according to the causative agent, whether it be the tubercle bacillus, the gonococcus, the bacillus typhosus, the influenza bacillus the spirocheta, etc. Such a classification is not only very desirable from a diagnostic but also from a therapeutic standpoint. To speak of a case as "gonorrheal rheumatism" is apt to divert attention from the cause and lead to undue attention being given to the affected joint and little, if any, to the focus of infection in the urethra, prostate, and seminal vesicles. Under this mistaken notion these patients are often deluged with antirheumatics, which, though they may relieve pain, exert but slight influence upon the pathological process.

Even greater errors are committed in calssifying chronic affections of the joints as rheumatic. Some physicians evidently are not yet sufficiently impressed with the fact that acute articular rheumatism is rarely, if ever, followed by chronic manifestations, and that the existence of chronic rheumatism per se is strongly doubted or even denied by many authorities. Such names as rheumatoid or gouty arthritis are equally misleading, to say the least; for though they may be consoling to the patient, they tend to foster slipshod therapeutics based upon their supposed origin. In fact, progress in the treatment of these cases is greatly hampered by cut-and-dried diagnoses of this kind. Thus, for instance, to treat patients suffering with osteo- arthri-

Digitized by Google

tis or arthritis deformans as rheumatics is to ignore the fact that many of them require tonic and reconstructive medication and the use of remedies that will arrest auto-intoxication, intestinal or otherwise in addition to appropriate local measures (massage, electricity, hydrotherapy, dry hot-air, etc.). It is not too much to say that the persistent use of the salicylates in alrge doses in these cases may act unfavorably through their depressing effect.

Hence it will be seen that looked at from whatever point we may, there is abundant room for reform in our terminology of the conditions still so commonly grouped under the general name of "rheumatism."—International Journal of Surgery.

Venereal Disease.

White and Melville continue their discussion of the present and future of these diseases in the London Lancet for December, 1911. After placing the incidence of venereal disease in the great cities of the world at about one twenty-fifth of the total population of each and the occurrence in the smaller cities and towns and in the rural districts at proportionately smaller figures, conclude that there are on conservative estimate at least a half a million in Great Britain alone who are infected annually. The question then of what is to be done to reduce these appalling numbers which seem to be on the increase becomes a very pertinent one. The authors are of the opinion that from whatever point of view, whether individual or national, moral or physical, of theory or of practice, all evidence is against the state regulation of vice. It has failed after a century of trial. Legislation cannot rid us of prostitution. They hold that the ideas of disease being retributive and of fear a deterrent are radical errors, though plausible and popular. They believe that the diseases must be attacked directly in addition to the use of other means of moral improvement. There must be adequate hospital provision for these cases just as much as for tuberculosis. The stigma associated with the treatment of these ailments must be removed and physicians and victims alike must be taught to strive for early and complete cure. Prophylaxis must be urged upon those who are capable of transmitting the disease. All these means, together with education and elevation of the general moral standards and the encouragement of temperance, would soon bring the scourge within control.

Digitized by Google

New Move In War On Tuberculosis.

The New York Association for the Improvement of the Condition of the Poor has undertaken an experiment to demonstrate if it is possible to wipe out centers of tuberculosis infection in tenement districts of New York. An entire section of the Vanderbilt tenements, recently built as homes for families having members afflicted with tuberculosis, has been leased for a period of three years and has been converted into a home hospital. Into each of the twenty-four apartments a family, which has become dependent because of tuberculosis in one of its members, has been moved, and for the next three years an effort will be made to determine whether the spread of tuberculosis can be checked and cures effected under medical direction, aided by competent nursing, adequate relief, freedom from worry, fresh air and sunshine. Equal attention will be paid to the social and medical phases of the question and all patients will be forbidden to work before recovery. Where cures are effected, the families will be moved into suitable homes and the supervision continued until the cure has been demonstrated to be permanent. Dr. Linsly R. Williams is chairman of the committee in charge of this work and it is thought that the experiment will be one of national importance.

Moving Picture Shows.

No one, be he highly cultured or abjectly illiterate, is free from the influence of pictures. The great illustrated periodicals have an immense circulation, and the desire for pictorial representation makes of the Sunday paper an orgy of nonsense. The astonishing possibilities of the moving picture shows, patronized daily by eight million persons in this country alone, are scarcely realized sufficiently by men and women of light and leading, or they would have, ere this, exerted themselves more in their regulation. As the Woman's Home Companion says, "the moving picture, developed along proper lines, combining educational and amusement features, would raise the standard of living, promote municipal and domestic sanitation and stamp out disease." In addition, think of the lessons which eight million persons can be taught in civic duties, in economics, in art, in ethics, in humanitarianism, by easy stages and in most attractive forms. The minstrels of the middle ages taught dozens where the moving picture shows teach millions, and yet the former helped to change the map of Europe. Newspapers have at once taken a secondary position in the diffusion of intelligence.

Digitized by Google

With the great improvements still possible in the moving picture shows the schools of the country will find their influence transferred to the cinematograph. If disinterested men and women direct the latter's activities, all will be well. The dire possibilities for evil inherent in the shows make one shudder to think of them.—Lancet Clinic.

SLIPPING ONE OVER ON MIKE.

A party of contractors, among whom were two Irishmen, were gathered in one of the booths of a buffet, drinking beer. One suddenly suggested that they have a round of wine, and after a little discussion it was agreed that each one should ask a question and the first man who asked a question he couldn't answer himself was to pay for the wine.

It finally came Pat's turn.

"How is it," he asid, "that a squirrel can dig a hole in th' ground an' not lave anny dirrt around th' top?"

All guessed, but they had to give it up.

"Will," said Pat, "it's aisy enough. He commences at the bottom."

All seemed satisfied except Mike. He scratched his head thoughtfully and finally inquired:

"Oi say, Patsy, how th' devil does he git to th' bottom?"

"Bejabbers. Mike, that's your question, not mine. Answer it."

Mike bought.

ALL MADE CLEAR.

A woman missionary in China was taking tea with a mandarin's eight wives. The Chinese ladies examined her clothing, her hair, her teeth, and so on, but her feet especially amazed them.

"Why," cried one, "you can walk and run as well as a man!"

"Yes, to be sure," said the missionary.

"Can you ride a horse and swim, too?"

"Yes."

"Then you must be as strong as a man!"

"I am."

"And you wouldn't let a man beat you—not even if he was your husband—would you?"

"Indeed I wouldn't," the missionary said.

The mandarin's eight wives looked at one another, nodding their heads. Then the oldest said, softly:

"Now I understand why the foreign devil never has more than one wife. He is afraid!"—Western Christian Advocate.

There is a Southern insane asylum where those inmates whose participate in dances and other amusements, to which outsiders are invited. At a lawn party at this institution, a prominent lawyer who had been invited saw a very attractive girl seated under the trees, and engaged her in conversation.

"You are surely not an inmate of this place?" he sympathetically inquired.

"Oh, yes, I am," she assured him.

"But you don't look a bit insane."

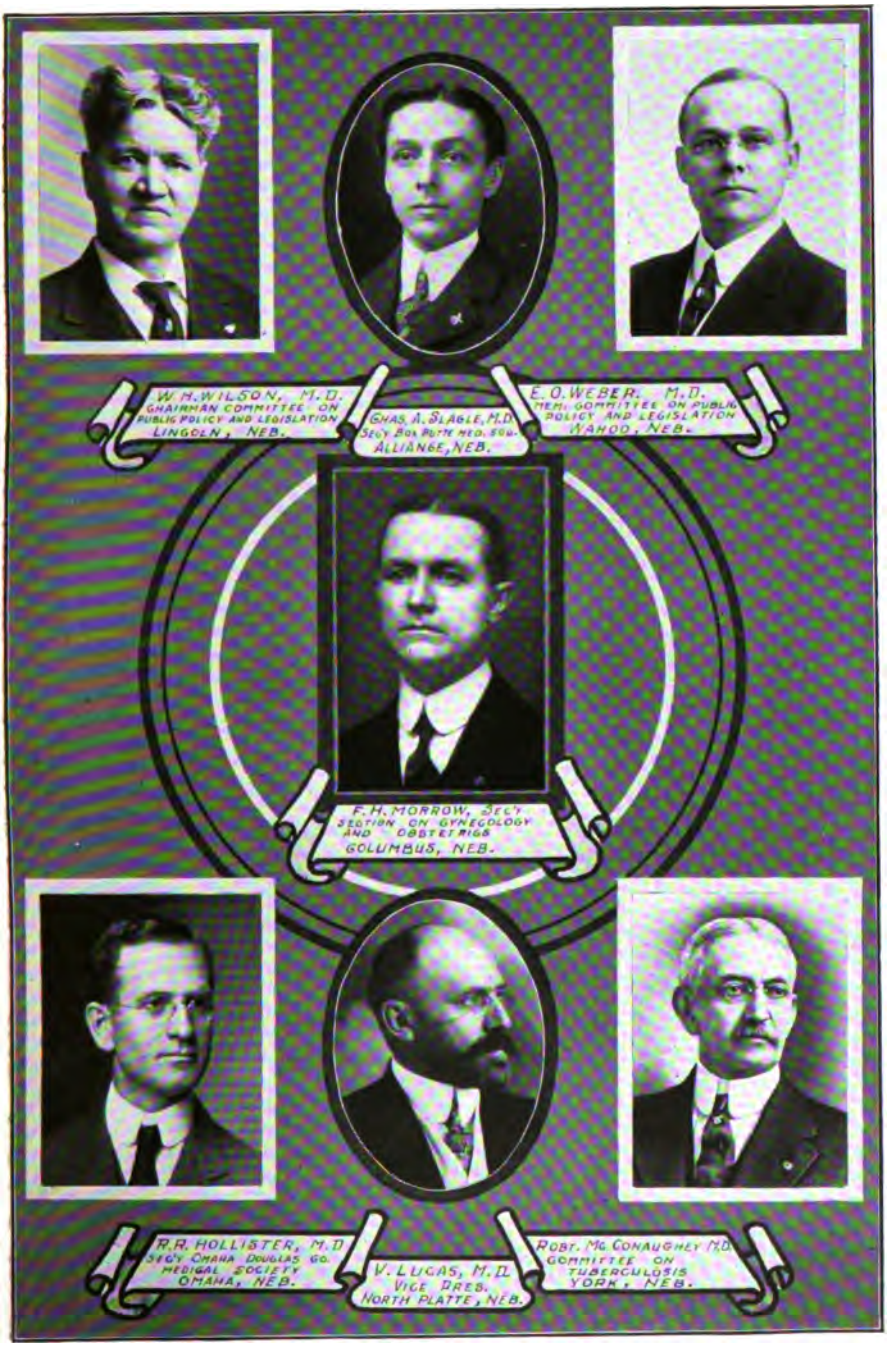
"Well, you see I was put here because I can't keep from swearing. You see that man walking around with a mop?"

"Yes."

"Well, he walks around after me and washes off the swear words that I write on the walks. I'm two hells and a damn ahead of the mop now."

The lawyer departed.

Digitized by Google



Digitized by Google

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Nebr. Per Annum, $2.00 The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. JONAS, M. D., President
F. E. COULTER, M. D., Vice-Pres't
H. L. AKIN, M. D., Sec.-Treas.
H. L. BURRELL, M. D.
H. GIFFORD, M. D.

A. L. MUIRHEAD, M. D., Editor.

O. O. MORISON, M. D., Associate Editor

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H. L.	Crowley, C. F.	Hamilton, H. P.	Owen, F. S.
Allison, C. C.	Christie, B. W.	Jonas, A. F.	Pollard, C. W.
Akin, H. L.	Davis, B. B.	Lake, F. W.	Rich, C. O.
Bryant, D. C.	Dunn, A. D.	Lemere, H. B.	Rix, R.
Bridges, W. O.	Foote, J. S.	Mack, A. E.	Stokes, A. C.
Crummer, LeRoy.	Gifford, H.	Milroy, W. F.	Somers, A. B.
Coulter, F. E.	Henry, W. O.	Moore, R. C.	Schalek, Alfred.
Condon, A. P.	Henry, E. C.	Moriarty, Pierre C.	Sumney, H. C.
Coulin, F. M.	Hollister, R. R.	McClanahan, H. M.	Towne, S. R.

Anderson, A. B., Pawnee City. Long, F. A., Madison. Poynter, C. W. M., Lincoln.
Artz, C. V. Hastings. Von Mansfelde, A. S., Ashland. Hopkins, S. R., Hastings.
Coats, A. J., Fairbury. McConaughy, R., York. Pickett, I. N., Odell.
Dayton, W. L., Lincoln. McDonald, R. C., Fremont. Quigley, D. T., North Platte.
Everett, M. H., Lincoln. McKinnon, A. I., Lincoln. Rork L. W., Oxford.
Hilton, D. C., Lincoln. Mitchell, A. R., Lincoln. Talbot, W. E., Broken Bow.
Hildreth, M. L., Lyons. Orr, H. Winnett, Lincoln. Wilson, W. H., Lincoln.

Vol. XVII. OMAHA, NEB., JUNE, 1912. No. 6

EDITORIAL.

Decline in Tuberculosis Death Rate.

In the decade from 1901 to 1910 the death rate from tuberculosis in the United States declined from 196.9 for each 100,000 persons living to 160.3, a decrease of 18.7 per cent, while the general death rate, including all causes of death, declined only one-half as fast, or at the rate of 9.7 per cent, from 1655.0 to 1495.8.

These figures were given out in a statement issued recently by The National Association for the Study and Prevention of Tuberculosis. They are based on data abstracted from the reports of the United States Bureau of the Census, and cover the registration area in this country. According to the statement, the tuberculosis death rate has declined steadily since 1904, when

Digitized by Google

it was 201.6. On the other hand, the general death rate shows a fluctuation downward in general trend, but not as steady as the tuberculosis rate. The decline in the tuberculosis death rate in the last ten years means a saving of 27,000 lives at the present time.

In certain cities, such as New York, Boston, Cleveland and Chicago, and in states like Massachusetts, Rhode Island and Connecticut, the decline in the tuberculosis death rate is much more marked than in the country at large.

The National Association says that there are many factors working together to cause the decline in the tuberculosis death rate, such factors as the change in the character of our urban population, increased sanitation, and better housing, but probably as potent a factor as any has been the national wide anti-tuberculosis campaign. "It may be foretold with considerable certainty," the statement concludes, "that when the effects of the present rapidly increasing provision for the care of tuberculosis patients shall have become evident, the decline in the death rate from consumption in the coming decade will be even more marked than that in the last one."

Nicotin and the Adrenals.

Any light on the physiologic action of an article as widely used as tobacco, or its active principle, nicotin, is of medical interest even if it cannot be immediately applied to problems of practical medicine. Hence attention may be called to some recent experiments in which it is clearly shown that a very small amount of nicotin administered to an animal causes increased activity of the adrenals; within a few minutes after the administration of the nicotin an increased amount of the active principle of these glands, epinephrin, could, by physiologic tests, be detected in the blood coming from the glands.

Such a result is in harmony with what has been learned within recent years as to the innervation of the adrenal on the one hand and the general action of nicotin on the other. It has been shown that the secretion of epinephrin is under the influence of sympathetic nerves and that nicotin has the property of

Digitized by Google

stimulating (and in large doses of paralyzing) sympathetic ganglia.

Many attempts have been made to establish a connection between certain conditions of high blood pressure and an overactivity of the adrenals; both nicotin and epinephrin are suspected by some of being factors in the causation of arteriosclerosis. The question naturally arises if tobacco may have not only a direct action on the blood vessels, but also an indirect one exerted through its effects on the suprarenal glands; this question cannot be answered at present.

These experiments of Cannon and his co-workers are also of interest as another illustration of how drugs may affect the activities of some of the organs of internal secretion—organs which until recently were supposed to be rather independent of the action both of drugs and of the nervous system. We may recall in this connection the experiments which show the effect of emotions on the activity of the adrenals, and others which show that some of the physiologic effects of iodin and probably some of those of diet are exerted through another organ of internal secretion (the thyroid).

The activities of the organs of internal secretion are thus becoming of increasing interest not only in physiology and pathology, but also in pharmacology and practical medicine.—J. A. M. A.

Endogenous Infection in Midwifery.

Not long ago Aschoff, in the interest of accuracy, proposed that the term "auto infection" be dropped from obstetrical terminology and that in its place we speak of endogenous and exogenous infection; meaning by the former, infection caused by germs from the patient's own vulvo-uterine canal, by exogenous, those in which the germs are brought to the canal from elsewhere. According to Pankow and Kroenig (Deutsche Med. Woch. Vereinsvericht, March 14th, 1912), there can be no doubt that when modern precautions are taken practically all puerperal infections are endogenous. The question is are they spontaneously endogenous or are they artificial endogenous infec-

Digitized by Google

tions in which the germs have been pushed by the finger of physician or midwife, from the more external into the deeper parts of the canal. According to Pankow, the statistics of the clinic at Freiburg shows that 4-5 per cent of primiparae and 3 per cent of multiparae suffer from spontaneous endogenous infections; while a comparison of primiparae on whom vaginal examinations (with rubber gloves) had been made, with those in which the parturition was controlled by rectal examinations alone, showed nearly twice as many infections in the former class; and a slightly greater difference where no examination was made. In other words, where vaginal examinations were made, about 4 per cent of all the patients were infected by germs carried by the finger from the outer parts of the canal into the deeper parts; the artificial endogenous infection of Aschoff. With multiparae 4.6 per cent of those examined by the vagina were infected; while of the others only 2.9 per cent were infected.

In invstigating the numbers of the bacteria of the vulva, introitus and fundus of the vagina, respectively, Pankow found a steady decrease of the pathogenic bacteria from the surface inward. He concludes that while pathogenic germs constantly tend to spread into the vagina, they are, under normal conditions, steadily killed off by the acid vaginal secretions.

In discussing Pankow's paper Kroenig stated that a long series of experiments at the University clinic had shown not only the impossibility of completely disinfecting the vulva, but that all such attempts resulted in a marked increase in the germs, with the further danger that in the slight erosions which antiseptic measures are likely to produce, germs which have been maintaining a saprophytic existence may take on pathogenic characters. Kroenig has consequently given up all attempts at disinfecting the vulva (and, from the context, the vagina also). He maintains that improvement in the matter of puerperal infection, aside from the restriction of vaginal examinations, is mainly to be looked for in the direction of decreasing the general and local disposition to infection. He regards the systemic practice of getting the patients up at a very early period as one of the most important means to this end. GIFFORD (Omaha).

Digitized by Google

Please Remember

That the mailing list of the Western Medical Review, insofar as it concerns members of the N. S. M. A., will in future be controlled by the Secretary of the Association, Dr. J. M. Aikin of Omaha. In the past the Review management has frequently been unjustly censured for not putting various parties on the mailing list when their names had not been reported to the State Secretary as in good standing. The Review has no way of knowing how you stand with your local society and must depend on the State Secretary for information as to who are or who are not members. In future report all failures to receive the Review to Secretary Aikin and if you are a member in good standing he will so report, if not you must find out from your local secretary what is the reason. All changes of address and withdrawals from membership should also be reported promptly to Secretary Aikin and he will report to the Review. In this way much misunderstanding and unnecessary correspondence can be avoided.

Treatment of Tetanus.

Simon J. Young (Journal of the American Medical Association, February 24, 1912) believes it possible that in the antitoxine treatment of tetanus we have erred in the matter of dose —that too small doses have been given. A boy ten years of age, having convulsions every few minutes, and in a serious condition, received 5,000 units of tetanus antitoxine at once, and a like dose daily during the next few days, with smaller doses when temperature and pulse became normal, which occurred about the tenth day. In all he received 46,000 units. Recovery followed. In two other cases much larger doses were used. In a boy, 150,000 units were injected, and in a man 220,000 units. These cases all seemed hopeless, but all ended in recovery.

The Boston Transcript makes the very pertinent remark that man is a funny proposition because, when he reads a medical book, he fancies he has every disease described; but when he reads the works of a moralist, all the faults that are pointed out he sees, not in himself, but in his neighbor.

Digitized by Google

The Forty-fourth Annual Meeting of the Nebraska State Medical Association.

Nebraska State Medical Association met in forty-fourth annual convention at the Lindell hotel, Lincoln, Nebraska, May 7, 1912.

Called to order at 1:30 o'clock p. m. by President A. D. Nesbit.

Address of welcome delivered by Dr. A. R. Mitchell of Lincoln, as follows:

Mr. Chairman, Ladies and Gentlemen: Forty-four years ago the first address of welcome was made to a small group of earnest men, who gathered to form the nucleus of the Nebraska Medical Society. This meeting was held in the office of Dr. James H. Peabody, in the city of Omaha, May, 1868. Who spoke the first words of welcome we do not know. Each succeeding year words of greeting have welcomed the earnest men who have gathered for mutual helpfulness and for the broader purpose of extending to others, to the community and to the world, the benefits of our work. It is fitting, therefore, at this time to acknowledge with grateful hearts the honor you confer by accepting the invitation of our local society.

The world is beginning to realize that those best fitted to direct its people wisely are the men who study man. The physician is the one man of science who touches humanity at every point. From the cradle to the grave he is the one man best fitted to direct and advise. The world now admits its tremendous debt to medical science, although its acknowledgment has been tardy.

In Bethlehem, nearly 2,000 years ago, there emerged from the darkness and confusion of the then civilization the spirit of divine truth in human form, but it is only now that the civilizations of all the earth begin to acknowledge the force of the influence there begun; many still walk in darkness. The human mind cannot accept the facts of nature until it has reached the point of understanding. Nature has no secrets—all is open, all is free when our mentality has reached far enough for us to know. Day by day, month by month, year by year, the widening mind of science is building mountains of facts. From the summits the world receives the illumination, the enlightenment, the new development. A few there are who remain in the shadow, held back by tradition, by prejudice, by mental atony, but the world moves on and they will soon be forgotten. These are they who

Digitized by Google

oppose the interests, which enlightened progress proposes for the good of all. These are they who do not realize that an endorsement of the Owen bill is a step in the direction for improving the whole world and only indirectly the profession, which, with the exception of these misguided people and those interested in exploiting the public for private and selfish gain, is in accord with the progressive movement.

Our profession has a mission. That mission is to safeguard the health and lives of the people. We must not falter. We must select for our officers and for our representatives men whose ambition subordinates all personal advantage to the honor of the profession. The profession must stand for the interests of the people, not the people for the profession. The doctor must have his patients, not the patients their doctor.

Like the divine force which has lifted the world into the moral and spiritual light of truth, so you, who know man and his needs, must lift him out of the shadow into the light of science, as it is revealed by you.

The profession of Lincoln welcome you as men who represent that science.

Response was made by Dr. A. D. Dunn of Omaha, as follows:

Mr. President, Fellow Physicians: We take great pleasure in coming to Lincoln. We are glad of the welcome that has been extended to us by Dr. Mitchell and by the members of the Lincoln profession. We always have a good time when we come to Lincoln. If there are dissensions in the Lincoln profession they lay them aside long enough to extend us a welcome and to make our stay pleasant. The physician is naturally somewhat of a recluse. It has only been of recent years that he has been getting together thus frequently, in his county, in his state, in his national society, for the purpose of exchanging ideas that may help humanity and for the sake of getting a better acquaintance with his fellows and for the sake of better apreciating his fellow and his work. Man is naturally a social animal. The social things that go to make up his life are oftenest the things that are emphasized. We only have to cast our eyes back over the popular songs of the past twenty or thirty years to find that the ones which are sticking and still remain popular are those that have to do with the social side of man. Years ago we heard of the "Bicycle Built for Two" and we heard of "Sweet Marie" and of "Annie Rooney" and of "The Quilting Party," and of "Casey" and the "Strawberry Blonde." All

Digitized by Google

these are past. Of the songs only a few remain. A crowd of men get together and someone breaks out with "A Hot Time in the Old Town" and everybody joins in, and the chorus swells, mixed up with "Suanee River," perhaps, showing that the song which leads to good fellowship stands out. We hear occasionally the "Cheer, Cheer, the Gang's All Here" and we hear the "stein on the table." But more or less it seems that the folk song shows the links that bind men together and bring them together socially.

Again, as we said before, the physician's lot is much that of a recluse. He must get out and should get out and meet his fellow practitioners. He must get away from the ideas that are narrowed down to his routine and gain vision. A physician is too likely to obtain a tunnel vision rather than a Stereoscopic vision. His perspective narrows down and it is this association, this exchange of ideas with his fellows, that tends to counteract the tunnel vision. It is sad for a man to lose his grip on his business—it is tragic for him to lose his grip on life. Norman Hapgood has said very truly that life's dull brown is not limited to the passengers on the "Champagne Limited." The scientist, for example, who is busy studying insect life, sooner or later finds that all points of the compass end in a beetle. The physicians day's work bounds his horizon, and if there is one purpose in a medical association in a society of this kind, it is gaining a perspective, gaining a star vision instead of a tunnel vision. Members of the profession of Lincoln, we thank you.

President's Address.

MEMBERS OF THE NEBRASKA STATE MEDICAL ASSOCIATION.

LADIES AND GENTLEMEN:

I desire to direct your attention to the subject, "Our Association," which has been uppermost in my mind throughout the year. The annual address of the president of a society is supposed to somewhat reflect his ability. I beg of you to not judge me by my paper, for I wish to be remembered as having done something for the betterment of the Association and the whole profession. A humble member of this Association for nearly a quarter of a century, known to you, or to many of you, only as a very ordinary physician, a laborer among the rank and file, and well content with the honor that attends one in private station, finds himself when almost ready to cease his active work

*Delivered before the Nebraska State Medical Association at Lincoln, May 7-9, 1912.

Digitized by Google

(according to the Osler idea), and be content to let the younger succeed the older, appearing before you as President of this Society.

I desire to thank you most cordially, for I am deeply conscious of the honor you conferred upon me one year ago. I will not claim this honor to myself alone, although it is one of which I am justly proud, for I want to say that nothing has ever come into my life, outside my own home life, that gave me greater pleasure; but I fully realize that in selecting an ordinary general practitioner you have shown a just appreciation of a large and important class of your membership. From the well directed efforts of the general practitioner, and his constantly increasing influence, has this Association steadily increased in numbers, and in usefulness, in the education of the people in sanitary science, which now pervades every community, and in the elevation of professional standards, both social and scientific. I believe the all-around general practitioner had a large part in accomplishing and establishing the conditions as we find them today. You have honored him and well you may, for what redowns to his welfare is reflected in the welfare of all; when he is flourishing, all, as a rule, flourish. Why? Was it not principally for his welfare that the American Medical Association was formed more than sixty years since, and now for nearly half a century, this society has labored and acted in harmony with the National organization in advancing and upholding the objects for which both were instituted, "for promoting the usefulness and interests of the medical profession." I wish at this time to acknowledge my indebtedness to our honored and courteous secretary, Dr. Joseph M. Aikin, for his many valuable suggestions and for his careful and faithful performance of the many duties of his office. He came into the office by reason of the death of Dr. Wilkinson, near the middle of the year, with unfamiliar records, and unclassified blanks and papers, and he has succeeded in restoring order to a remarkable degree. I thank the Chairmen of the different Sections, for the excellent and thoroughly scientific program. The success of this, and any like meeting, is largely due to the number, but more particularly to the character of the papers. The Committee on arrangements has provided us very satisfactory and convenient places for our meeting, and they also have a pleasing arrangement for the social entertainment of this unusually large attendance. It is due our fellow members of the Lancaster County Society, especially the Chairmen of the various Committees, upon whom the burden of the work falls, that I should

Digitized by Google

make this public acknowledgement of the high appreciation of their faithful services, and assure them we, as an Association, give them our hearty thanks for their work in our behalf. I thank the Board of Trustees and Councilors for their hearty co-operation and approval, and those of the County Secretaries, and all who in any way aided in carrying on the work of our Association throughout the year. Owing to the death of our Secretary, Dr. A. D. Wilkinson, the campaign that had been started to increase the membership of our Association was suddenly interrupted and seriously hindered. It was then I found an encyclopedia in the person of our venerable friend, Dr. A. S. von Mansfelde, and to him and many other loyal men in the profession I am grateful for their valuable advice and assistance. The year, however, has not passed without leaving in its wake feelings of regret for the loss by death of some of our most active, honored and faithful members. Let us, therefore, pause a moment, to pay tribute to those whom we miss today from among our members. The list is not a long one, yet we will make special reference to only a few of those whose labors for the Association are ended. Dr. Alonzo D. Wilkinson, our late and lamented Secretary, died in December, 1911. He occupied a conspicuous place in this Association, serving in the capacity of Secretary for more than eight years. He was a courteous gentleman, and we miss him today as we meet in his home city. Dr. Frank C. Clark of Craig departed this life last July. He was a neighbor and fellow worker, and deserves our special mention. Dr. R. D. Mason, well known to the members of this Society, was a conscientious gentleman, a man of more than ordinary ability, and an author of no mean reputation. Dr. E. L. Smith, whose death occurred so recently, was Councilor for the Ninth District. In his death our society has lost a loyal member, and the Ninth District a faithful and efficient Councilor. As we look around we miss the faces of many who in former years added to the interest of our society.

Many of them were more or less distinguished for their work and worth, both in the community in which they lived and the Councils of our Association. How we all desire to be remembered. How we shrink from the thought that ere long all memory of us will have faded from the minds of men; that there will be a time when, of all who love or esteem us now, or whoever will love us, not one will be left to tell that we existed; when of those who may dwell in the place we now occupy, not one will recognize a vestige of anything we ever did, or that

Digitized by Google

we ever lived. We all love to cherish the thought that we shall not be forgotten.

There are those, fromer members of this society, and not a few, who have won an earthly immortality by their thoughts and deeds. I will name a few who are uppermost in my mind, men who in former years were an inspiration to all who had the pleasure of an intimate acquaintance. We miss the magnetic Livingston, the positive Bowen, the aristocratic and broad-minded Abbott, the wonderful Link, the genial Peabody, the refined Denice, the conscientious Christie, and the prince among men, the beloved Crummer. One by one they were called to lay down their work, and when this time comes to us, and it must and will come, to the more obscure as well as to those who have made a name for themselves, how fitting it would be, and what act could we do that would be more becoming or commendable, than to have some representatives of our Association attend the funeral of a departed member. I recommend, therefore, that it be the duty of the Councilor in whose District a member dies, to appoint a committee of four or more members of the Nebraska State Medical Association to attend the funeral of such deceased member, and that the necessary expenses incurred be included in his Councilor expenses.

Of those who organized this Association forty-four years since only one member is now living, Dr. Richard C. Moore. We esteem him highly for what he has stood for and accomplished for our Association. The amount of work done or good accomplished by a physician is not measured by the days, or months, or years he may have lived. Some men accomplish much in a short time. They are burning and shining lights. There seems to be a point and power in all they think and say and do. They may not have lived long or they may have passed away quickly from the earth, but they finished their work. They lived long, because they accomplished much. It is not always the man of ability who makes the greatest success. It is the man who acts. It is the earnest man. One of the most essential elements to success in every great undertaking is earnestness. In all past time how few individual physicians do we find who have risen to any considerable distinction or gained an enduring reputation, and become truly great and have left their mark upon the age in which they lived, who were not earnest men. There may be many obstacles in the way of any great achievement and none but the earnest will persevere and hold to its final accomplishment. In our profession there are many who have proved this true. Dr. Wiley has made a name for himself

Digitized by Google

by taking a firm stand against temptation to compromise in matters of food and drug adulteration. Look at Dr. J. Marion Sims. Consider the disheartening difficulties and vexatious delays he had to encounter, the doubts of the skeptical, the sneers of the learned, the cavils of the cautious, and the opposition, or at least the indifference, of nearly all the medical profession. Is it likely he would have persevered had he not possessed that earnest enthusiasm which was characteristic of the great gynecologist? Can you conceive, or can you tell the great results which followed and will continue to follow in all coming time, from what this single individual accomplished? It is true another would have accomplished what he did, but in all probability it would have remained unknown for many years. Dr. Sims had method as well as talent, and perseverance which was a good accomplishment. A young physician in these days possessing these qualifications will overcome every obstacle. In older men the manners and habits are not so readily adapted to any prescribed course to which they have been unaccustomed. But in early life the habits of system, method and industry are as easily formed as others; and the benefits and enjoyments which result from them are more than wealth and honor which they always secure. Frankness, candor and sincerity will always win respect and friendship and will always retain them, and the consciousness of having such a treasure, and of being worthy of it, is more than wealth and honors. A physician quickly finds when he is unworthy of public respect or private friendship, and the leaden weight he carries ever in his callous heart cannot be lightened by any success or any gratification he can secure. But the physician of upright character and proper self respect can never meet with adversities which can deprive him of that higher happiness which rests in his own breast and which no disaster of business or calamity of occupation or loss of wealth can ever reach or disturb. And so the one living and those dead were great and good men in their day. No charge of calumny, no prosecution for criminal operation, no suits for malpractice ever stood against them. They builded better than they knew. Why did they organize? What was the purpose? In our constitution it says, "The purpose of this Association shall be to federate and bring into one compact organization the entire medical profession of the state of Nebraska, and to unite with similar Associations of other states, to form the American Medical Association, with a view to the extension of medical knowledge and to the advancement of medical education and to the enactment and enforcement of just medical laws; to

Digitized by Google

the promotion of friendly intercourse among physicians, and to guarding and fostering of their medical interests, and the enlightenment and directing of public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and the prolonging, and adding comfort to life." (Code of Ethics.) How nearly has this desire "to bring into one compact organization" been realized? From 1868 (the year of the organization of this Society) to 1903 (the year of re-organization) this Association slowly grew, until its membership numbered 337 in good standing; 329 new members came in the first year of reorganization, and at that meeting 44 new members came in, making in all 373 new members, or 710 in good standing. The last few years the increase in membership has been slow. In March of this year the Secretary of the State Board of Health, Dr. C. P. Fall, reported 3,171 certificates in force, of these 2,327 are so-called regulars, 473 Eclectics, 371 Homeopaths. Much less than 50 per cent of the Medical profession are members of this, or any State Medical Organization. We have 63 County Organizations, and a few where two or more form a component society. In a few counties every eligible physician is a member of the County society. In Northeast Nebraska every county is organized, and a large majority of the physicians are alive and energetic. I do not know, and I cannot conceive, of a good reason why any reputable physician, who desires to do a legitimate business, can refuse to join with his colleagues. The eligible physician owes to himself, as well as to the whole profession, a moral obligation which he should not overlook nor disregard. It is foolish for him to stand alone. He is surrounded on every hand by dangers and he is constantly in danger of falling. He needs the moral support and the restraining influence of the County or State organization, and we need his advice, counsel and influence, to help strengthen and elevate our profession, and increase its usefulness to our fellow men. In what better way can this be accomplished than by uniting with the County Society. The consciousness of being in harmony with a great organization and being a unit in the organization is a source of satisfaction and should elevate one above personalities or prejudices. Now in order to favor bringing all into one compact organization, I would respectfully recommend that the Board of Councillors and the County Secretaries of Nebraska arrange for a meeting in the early autumn of this year to form a permanent organization. We, as a profession, are awakening

Digitized by Google

to the necessity of more thorough organization; all trades, departments and professions, unskilled as well as skilled, are organized. The average doctor is hard to interest in anything that takes him away from his work, or takes any of his precious time, and yet the best men, the busiest men, the ablest men, and the most loyal men in our Association, are the very ones who attend society meetings. I would like to see inaugurated in this state a joint meeting of Councilors and County Secretaries. Matters of interest to the different counties could be discussed, means of increasing our membership, and papers dealing with difficulties could be presented, and thus the cords of our organization could be lengthened, and the stakes would be strengthened. I believe that if many of the counties having a small membership would merge, as Dakota, Dixon, Thurston and Cedar have gone, with one or more adjoining counties, also having a small membership, that better work would be accomplished and more enthusiasm aroused, and the non-member would see the benefits and could be won. He would realize when he joins his local society that he places himself in a better position to acquit himself of his duties which he should regard as a sacred obligation. The physician who is a member of the state organization has a part in all the society accomplishes and all for which it stands, as in the elevation of the standard of medical education and the higher degree of scholarship, et cetera.

Up to the time of the re-organization much bitterness existed between physicians of different schools. Now there exists more harmony and due regard for one another. No one will dispute that the preparation and reading of papers and the discussion of medical subjects has a decided educational influence. It keeps up the interest in medical literature and in this way we become more proficient. Dr. John B. Murphy in his address at the Los Angeles meeting last year said: "When a license to practice has been granted the graduate of a medical school, it should be only for the period of, say, five or ten years, at the end of which he should be required to pass an examination, or take a prescribed course of study. This would greatly improve the efficiency of the medical profession and the trusting public is entitled to it." He says further: "The development of post graduate medical teaching in the County Medical Society would be advantageous as an educational factor." Now if small societies could and would merge (this is a work for the Councilors), they could carry out this post graduate course and there would be no dearth of subjects for the monthly or semi-annual meetings.

Digitized by Google

Reduce Councilor Districts.—I respectfully recommend that the Councilor Districts be reduced to correspond in number and boundaries to the Congressional Districts; thus the Board would be reduced to a better working force and I believe more and better work would be done.

Medical Legislation.—It is to be hoped that the Council on Medical Education and the Legislative Committee of the American Medical Association will bring the question of "one standard" before the profession, and that our own Committee on Public Policy and Legislation will begin the education, leading up to the enacting of a law that will place every person who purposes, or assumes, to treat disease, in any manner whatsoever, by faith, by drugs, etc., on the same equitable basis. The same requirements for all. The same standard for each and every one. Then if any wish to take up some particular pathy or mode they may be at liberty to do so, but they will have a knowledge of disease, and the public will be protected. Such acts should be very clearly and plainly defined, that all pretenders, charlatans and illegal practitioners, could be severely dealt with, and a united profession would assist in making the offender amenable to the law. This may be realized ere long, for there are strong indications that in the near future the government will assume control of the examination of medical students. Broad minded men who have the best interests of the profession and the public at heart believe this is proper and they favor it. The purpose of all medical legislation is or should be for the protection of its citizens. There are those, who do not know, which is true, and which is false, and they sincerely desire to know. It is the duty of the state to protect them and all others who desire her protection. Dr. Murphy in his presidential address said: "It is my belief that public instruction in medicine is one of the most important functions which the American Medical Association has to perform. The first and all pervading idea of our medical heritage is the public—the people—and concretely the patient. The latter is the center of the medical universe around which all our work revolves and toward which all our efforts tend. For centuries the medical profession has criticized the public for its lack of judgment in its selection of doctors. The public has employed the quack, it has employed the irregular or sectarian, it has employed the bonesetter and the Christian Science healer, etc. They are employed not alone by the ignorant, the foreigner, or the poor, but by the so-called "intelligent, reasoning, educated" and wealthy of every community. They place a greater amount of confidence

Digitized by Google

in all these healers, and more enthusiastically support them, than they do the regular members of the medical profession. Why? Are they more skilful? Are they more worthy of confidence and support? Not at all. But they give the patient such a kind of explanation or reason, or working hypothesis for the results they attempt to obtain, or claim they secure. In other words, they educate the people in their theories, beliefs, and sophistries, and that is what the public want, in fact, what they demand. What has the regular medical profession done to educate the public in the last three centuries? Nothing. We have demanded of the public our acceptance on blind faith, and the age of blind faith in individuals is past. What have we taught them of the real truths or principles of scientific medicine? Nothing. What beacon have we set for the layman to assist him in the selection of a skilful practitioner? None. Still we daily condemn him for his lack of judgment in these matters." People should be educated in one way or another. They are clamoring for knowledge in sanitary matters, and information that will aid them, to keep from getting ill. The people are ready and expectant and we can depend on the intelligent to give their support to anything we may do, pertaining to public health and sanitation. They desire that their children be protected. The Women's Clubs in this and other states are alive and enthusiastic on these questions. They are discussing them in their local, district and state meetings. They are alive to the question of medical inspection in our schools, the Board of Control of our state institutions, et cetera. We have heretofore considered our duty was to individuals, that our mission was fulfilled by saving the life of our patient, or assisting in restoring him to health. Now we realize that preventive medicine occupies an important place in our work. Conservation of health will play a large part in our future labors. Every state is now looking after the local conditions, in the cities, and towns, either through its Local or State Board of Health, or both. Let us give them our support. Now to get some of the much desired legislation needed the doctor must get into politics. This is brought forcibly to our attention in the brief report in the Journal of the American Medical Association, of the recent debate in the Senate April 16th, 1912, on the Owen bill. In the report not one physician or representative of a medical society has informed his Senator of the wish for or against the bill, but he had been literally flooded by telegrams from those who oppose it.

Digitized by Google

To the Members of the National Auxiliary Legislative Committee:

Dear Doctor: The Owen Bill (No. 1) has been reported on favorably by the committee, and is now before the Senate. The time has come to impress on members of the Senate the importance of this bill to the public health. If senators are convinced that this measure is desired by their constituents, there will be little difficulty in securing its passage. Will you, as a member of the National Auxiliary Legislative Committee, kindly take the following steps at once:

1. Telegraph to the senators from your state, asking them to support Senate Bill No. 1 for the sake of the public health.
2. Have as many physicians as possible in your county do the same thing.
3. Have a resolution endorsing the bill, and asking your senators to support it, passed at once by your county society and a certified copy sent to both of your senators. Have a special meeting of your county society called, if necessary.
4. Get as many prominent citizens in your county as possible to wire or write the senators from your state, asking them to vote for the Owen bill. The support of judges, lawyers, ministers, school superintendents and teachers, prominent club women, business men and others is particularly desirable.
5. Secure action on this measure by women's clubs, local health organizations, civic or commercial organizations, or any other influential bodies in your county, having copies of the resolution adopted in each case sent to your senators.
6. Get the endorsement of any newspapers in your county and secure favorable editorial comments if possible.

While the endorsement of physicians is of value, telegrams, letters and resolutions from non-medical individuals and organizations are particularly desired, as evidences of public sentiment. I am enclosing a copy of the report of the Senate Committee, also some extracts from The Journal of April 27.

The bill has not yet been introduced in the House of Representatives. Present efforts should be concentrated on senators. Prompt action on the above suggestions will greatly increase the effectiveness of any work which you may be able to do.

Very truly yours,

FREDERICK R. GREEN,
Secretary.

We have a right to know how our candidate will vote on this and other medical laws and we should inform our Senators

Digitized by Google

and Congressmen what we desire. How many have written to one or more of them? We must take the public into our confidence and tell them what is needed, and why it is needed. This we can do by furnishing information through the press and by public addresses. To know where the danger exists, aids one in avoiding, and guarding against it. The responsibility of giving instruction and information in public health matters rests with the physician. Control of health problems by the aid of the city, the state, and the nation is to be desired, and to be worked for. Now is the time to furnish information. Great care, however, should be exercised and scientific facts only should be furnished yet in plain language so that it can be thoroughly comprehended beyond the shadow of a doubt. I believe it would be well to have added to our list of standing committees a Committee on Education. This committee could do valiant work along this line, furnishing material for the daily and weekly press of the state. They could have abundant assistance from the Council of Health and Public Instruction of the A. M. A. They could have the matter of public addresses at State and District conventions of our teachers and Women's Clubs. I was pleased a few weeks ago to know that the Lancaster County Medical Society had discussed and entered a vigorous protest against the free text books and supplies in our schools. There is an indifference to this subject, by the public, largely because they are ignorant of the baneful effects resulting from the promiscuous distribution of books and supplies. They do not realize that the public book is an acknowledged disseminator of disease. Here again is a duty we, as individuals and as an Association can perform; for the day has come when we, as guardians of the public health, cannot overlook these facts, even though the public are indifferent. To abolish the law of free text books and supplies we need to educate the public, and we should begin now. What is more repulsive to you and me than to contemplate the condition as it exists today. It is a menace to the health and life of every child in school. Medical inspection in our schools is to be desired. This statement needs no arguments in its favor. Many cases of throat, nose and eye trouble go unrecognized till permanent damage results. Then, too, the spread of many infectious and contagious diseases could be prevented. The sanitary conditions of grounds and the inspection of books and supplies would form a part of this important work.

The leaders of our profession years ago were in hearty accord with the movement inaugurated by the Woman's Christian

Digitized by Google

Temperance Society, namely, Scientific Temperance Instruction in our schools and colleges, and this work has pushed forward until it is taught in all our schools throughout the land. We all can now see the benefits derived from this systematic and scientific instruction, in a cleaner generation of boys and girls, young men and young women, who possess higher ideals, purer minds and nobler purposes. This work stimulated state legislatures to enact laws to protect the youth, and to promote social purity, and the laws of sanitation, and now in many homes the children who attend our public schools have higher ideals, nobler motives and a far better knowledge of social purity and sanitary regulations than their parents. Many, very many, of the revolting crimes that come to our notice in the daily papers, sometimes occuring in our very midst, could never have occurred were it not for the carelessness and, will I say, criminal indifference of senseless parents. Ella Wheeler Wilcox says "we need a reform school for idiotic parents." We have not the right to take life, but we can through our influence urge the passage of laws to punish these brutes who committed unnamable crimes. We need a law that will make use of the surgeons of our state, for I believe when a man commits a crime on a young girl or a defenseless woman he should be sent to a surgeon to be sterilized before being committed to prison. The states of Indiana and Connecticut have laws of this kind and they include the chronic criminal and the chronic insane. New York passed a law this last winter and Governor Dix has recently signed it which provides for the sterilization of certain classes of male criminals and defectives confined in state institutions.

We are almost overwhelmed when we try to consider the numerous questions forcing themselves upon us for solution. I would like to call your attention to some of these questions, but time will not permit a thorough discussion nor would I care to discuss them at length were I capable of so doing, but some of them should be noticed and we should dispose of them one way or another. The question of fee splitting has been openly attacked by the Erie County (Buffalo, New York) Medical Society and the discussion of it has engaged the press. Magazine articles have appeared till the profession felt it necessary to refute the many false and erroneous statements and so prevailed on Dr. Charles A. L. Reed to furnish something for publication, and this he has done in an article that appeared in the April issue of Pearson's magazine. It is worth your time and thought. Dr. Reed points out some of the ways by which the profession

Digitized by Google

could rid themselves of such practice. All organizations, even the churches, have in their membership those over whom they have no control, parents sometimes lose out, in restraining their children, and it is not at all strange that we should have in our membership those who will not be controlled. Let us decide this, as well as some other vital questions—for or against, and do it in an emphatic way. Let us decide it ourselves—not wait for the public to do it for us. "Not that which goeth into the mouth defileth a man; but that which cometh out of the mouth, this defileth a man." Let this reform come from within.

After Twenty-five Years.

The last twenty-five years have been momentous ones in modern times. Though all times are critical to those living in them, and to some particular periods in which we are personally concerned, we may easily attach too much importance, yet it must be admitted that the last quarter of a century has been a period of stupendous changes that have swept us far, very far, from many an old mooring. Science has made many of its most marvelous triumphs in the fields, both of theory and practical application and intellectual and social fermentation has pervaded all our life. Almost nothing stands unchallenged, but everything has been thrown into the crucible for a more searching analysis, and possibly to be made over and cast into new moulds. The spirit of change has been specially active in medicine and surgery. The average physician is overwhelmed many times if he has endeavored to keep well informed on the changes. They, however, have been fruitful studies and have broadened him. Great contributions have been furnished, yet with it all the sound principles of medical science have been untouched. The reality of medical science has not only been unimpaired by all these studies and changes, but has been immensely deepened and enriched. At the end of these twenty-five years, as at the beginning, the doctor, while sympathetically alive to all that has been going on in the field of intellectual research, yet stands secure and is still working for the same object, "to extend medical knowledge and advance medical science."

Little Dorothy's parents are Christian Scientists. Recently the family moved from the country into the city. A friend on a visit inquired as to the whereabouts of the kitten Dorothy had been so fond of.

"The janitor wouldn't let us have our kitty in the flat, so papa passed her on."—March Lippincott's.

Digitized by Google

ORIGINAL ARTICLES.

Conservation of Health.

*By C. P. FALL, M. D., Beatrice, Neb.

One of the most difficult problems the medical profession has to solve is how to overcome the opposition offered to any effort made by it to limit disease. The opposition comes mainly from two sources, ignorance and commercialism. The apparent remedy then would be to educate the former and restrain the latter by well enacted laws. A review of the history of medicine will convince one that it is not an easy task to apply the remedy to the ignorant, and recent experiences indicate an even more difficult task to restrain commercialism.

For the present the great railroads are practically a law unto themselves so far as sanitation is concerned. Conferences between the different state boards have been proposed, but any united effort on their part would be an impossibility to carry out, for the reason that laws differ so widely in different states that their authority would be defied if it, in the least, affected them commercially.

Before taking up the commercial feature I desire to refer to the ignorant who offer opposition to sanitation, they who protest so strongly that their personal liberties will be taken from them when any legislation is pending. It is they who besiege the lawmakers with long petitions and telegrams protesting against the enactment of laws which are in the interest of public health. Probably no one knows this any better than Senator Owen of Oklahoma, who introduced the first bill in the National Congress intended to create a National Board of Health. I refer to the Christian Scientists, the Osteopaths, the Chiropractors, those in the profession who still believe that the hair of the dog is good for the bite, and the little selective fellow and their followers.

"The poor ye have always with you," might be paraphrased "the ignorant ye have always with you," for Eddyism is as old as Bible history. It is not necessary to mention the older fads, such as the Blue Glass Craze, Mesmerism, Spiritualism and many other almost forgotten fads, only to remind you that the living ones are the same with a different label. We will always have them; no one wishes to deny them the privilege of applying their 'pathys and 'isms, but they should be compelled to take

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

an examination proving their ability to diagnose contagious diseases if they wish to attempt to heal people. Many cases of contagious disease are treated by Christian Scientists without the least effort to limit the spread of the disease.

Conservation of health means the preservation of human life and not the treatment of man after he is sick, consequently we need National, State and Local Boards of Health, whose duty it should be to prevent the spread of disease by contagion and infection, and to see that the foodstuffs for sale to the public are kept in a sanitary condition and to have supervision over the sanitary conditions of hotels, public buildings, railroads and hospitals and to have the power to abate nuisances. When you carry the power of the Board thus far it has to deal with the commercial world as well. Anyone who has read the articles in Collier's Weekly entitled "Secretary Wilson's Record" can appreciate more fully how difficult it was for Dr .Wiley to conserve the public health with a superior officer over him. The pure food and drugs act is one of the best laws on the statute books, but by practical demonstration it is a failure while the power of enforcement is vested where it is, and will be so until transferred to a National Board of Health.

The first law creating a State Board of Health in the state of Nebraska was passed by the Legislature in 1891. There being no constitutional provision for a state Board of Health, this difficulty was overcome by creating a Board of Health out of existing state officers already provided for by constitution by a statutory act. The state Board of Health (proper) consists of three members, the Governor, Attorney General and the Superintendent of Public Instruction. who are ex-officio members; four secretaries, who are the active members of the Board and are nominated from three schools of medicine, for a term of four years, two of whom are regulars, one a homeopath and one an eclectic.

The intent of the law was that they would be ex-officio and the secretaries the active members, but experience has taught that the secretaries can do nothing without the permission of the Board (proper) and in a good many instances they have been overruled.

"Any person is regarded as practicing medicine who shall operate or profess to heal or prescribe for or otherwise treat ailments of another." The exceptions to this act of the Legislature are "gratuitous service in case of emergency, administration of ordinary household remedies, commissioned surgeons in

Digitized by Google

the United States army and navy, and nurses engaged in their legitimate occupations." The above is taken from the statute. There are hundreds all over the state violating the law. There are many complaints coming before the Board of Secretaries, but it is next to impossible to get a county attorney, whose duty it is to see that the law is enforced, to move on these cases. There are only a few exceptions to this. Last February the Secretary was telephoned to by County Attorney George J. Marshall to come to Bloomington to testify that an advertising itinerant was not licensed to practice medicine by the Board. A fine and costs was assessed against him and he left the state. The books of the Secretary have to be introduced in court and these trips, along with other service rendered the state, have to be made without compensation according to the present ruling of the Board (proper). Permit me to say that there appear to be very few county attorneys like County Attorney Marshall in the state. This instance is cited only to illustrate what county attorneys can do if they will, under the law, as it exists, but most of them have political futures which they care more for than enforcing the law. Other cases are pending. Take the Matthews case of Omaha, for instance. There are a number of the profession that know the secretaries have labored hard with the county attorney of Douglas county for the last three years to enforce the law, with only fair prospects of a successful prosecution at the present time.

One of the most disagreeable duties the Board of Secretaries has to perform is to try a member for unprofessional conduct. The last trial held was styled "a comedy of errors" by one of the members of the profession in an article that appeared in the Western Medical Review. The testimony did not fix the guilt on either the rooming house keeper or the doctor, neither could the complaining witnesses testify that they had seen the products of conception, or even gone far enough to make a bimanual examination, and could not swear positively that the girl had ever been pregnant. A physician's license cannot be revoked by the Board on circumstantial evidence and made to hold in the courts. The secretaries have good reason to believe that a recommendation to revoke the license would not have been sustained by the Board (proper), for the secretaries only have the power to recommend and the Board (proper) to revoke a license. Aside from the legal aspect of the case, it had been styled by one of the Board (proper) a pusillanimous piece of spite work, and one of the secretaries was asked why the case was not dismissed on the face of it. The secretaries, however,

Digitized by Google

reprimanded the physician for his unprofessional advertising which he promised to quit and did so for a short time, but has re-entered the business, but the advertising is of such a nature that it is not a violation of the law as it is now on the statute book. It is along the following lines: "Rupture cured without the knife, and piles without an operation." Only a short time ago the writer of this article was called to see a man dying from peritonitis that had had an injection to cure a rupture without the knife (we never think of a man dying from an operation for hernia).

Conservation of health and life means to stop these people from practicing as well as the many that are delivering women without any knowledge of accouchment whatever. Every little while some physician in the state writes the secretary that Mrs. So and So has delivered Mrs. So and So and sometimes Mrs. So and So has died, and wants the Board to put a stop to midwife practicing, but does not want to be known in the matter.

The state of Nebraska appropriates a little over $4,000 a year to conserve the health of the state by compiling statistics of births and deaths, reportable diseases (contagious), marriages and divorces. This money goes to a State Health Inspector at a salary of $1,800 per year, a stenographer, clerk and office supplies. For comparison, the state of Indiana appropriates over $20,000, five times as much. With the Board of Secretaries without an adequate appropriation, without a state bacteriological and chemical laboratory for its use, with nothing having ever been done about railroad sanitation, municipal water supply and the disposal of sewage, what little else can be expected than a wanton waste of life and property? Many of the communicable diseases could be prevented from growing to the magnitude of an epidemic, if a clinical diagnosis could be made early. A majority of them start in the poorer classes that are unable to pay for a laboratory diagnosis. If the state had possessed a laboratory for state health purposes, or utilized the one it already has at the State University, it could at least have settled the question whether the second epidemic in Lincoln was from eating tainted meat or was typhoid fever. Admitting that there may be more competent men in Lincoln or any other locality than are likely to be on the State Board, there is one great benefit to be derived from their service, they can arbitrate the differences between factions which always spring up at times of epidemics, and can control the commercial influence which is no small factor when a community becomes infected. These influences have to be reckoned with and controlled in

Digitized by Google

order to bring about a perfect quarantine and prevent the spread of disease.

The business interests always rebel against quarantine and even go far enough to run the risk of covering up contagious diseases. There are many reportable diseases, births, and maybe some deaths never reported, and many reports made to suit the occasion. Nebraska contains much unorganized territory, consequently something should be done to improve this department of health.

These vital statistics, if given to the profession, are of great value and should be up to the highest standard. These are the facts in full dress. What is the remedy? By a constitutional amendment create a State Board of Health, having authority over food inspection. inspection of contagious and epidemic diseases, inspection of hotels, school buildings, public buildings and public service corporations; a sanitary engineer whose duty it shall be to look to the municipal water supply, and the disposal of sewage; and judicial power to deal with the quacks and charlatans, to revoke their licenses as well as to grant state certificates; also the privilege to employ legal counsel instead of having the county attorney as a stumbling block to the enforcement of the law. Shall we remain idle and allow such men as Senator Robert L. Owen to plead for these things, in the United States Senate, without upholding his hands? Let me quote from his speech, made in the Senate last June, supporting a bill to establish a National Board of Health:

"We need prevention more than cure, however, we have not so much the need for the regular physician, as his function is generally understood—that is, as a man who will give medicine to cure a sick patient, as we have need for his services, and for the services of all schools of medicine, in their far more important aspect of preventing diseases by instructing patients, whether sick or well, in the rules of right living."

This, indeed, is the great work which has been done by the regular physician, and which has been done likewise by other schools of medicine not known as regulars and by men who were not physicians at all. The great Pasteur was a chemisi, not a physician. Dr. Wiley is a food expert, not a medical practitioner. It seems to me that all good men who desire the welfare of the human race should be favorable to the establishment of a department of public health, which shall not give special preferment to any school or medicine or system of medicine, but which shall devote itself to the conservation of the human

Digitized by Google

race, and which shall study with care and with patience all claims of all schools of men engaged in the art of healing, in the more important art of preventing disease and ill health."

Senator Jones from the state of Washington seems to be leading the opposition to bill No. 1. Telegrams are pouring in from the Medical Liberty League, the quacks, and last week the Nebraska State Homeopathic Society passed a resolution unanimously against the passage of the bill. Without doubt the Eclectics will do the same, and yet the physicians where these things are going on, remain idle and allow the impression to be made that it is the will of the people of their state and locality.

There are two thousand three hundred and twenty-seven regulars licensed in the state, four hundred and seventy-three eclectics and three hundred and seventy-one homeopaths. Shall two thousand three hundred and twenty-seven physicians in this state let the opportunity to assist Senator Owen go by? There are six Congressmen and one United States Senator to be elected this next November. Let us send every member down to Washington pledged in favor of a National Board of Health.

What is still more important is to attend to our own local affairs. Nearly every state legislator that will come to Lincoln next winter will be pledged to various interests. The common run of representatives and senators have promised more than they can fulfill and it is a useless task to wait until the legislature convenes to endeavor to do anything. Every physician should consider himself a committee of one to secure a promise from the candidate before the election that he will do his best to better these conditions.

Physicians are usually poor politicians, but with some two thousand scattered over the state and every man to the bat, these conditions ought to be bettered. The last legislature improved conditions to some extent with the following bills. It passed Senate File No. 279 defining and raising the standard of medical colleges, and gave the power to the Board to refuse license to graduates from colleges not in good standing; it passed House Roll No. 89 appropriating $40,000 for the erection of a tuberculosis home for indigents affected with tuberculosis. The Board of Health knows nothing about the home, as it is under the control of the Board of Public Lands and Buildings. House Roll No. 356 was passed last year giving county boards authority to organize a board of health in the county where none exists. If this law is enforced it will give us more complete vital statistics and better enforcement of quarantine and sanitary laws. House Roll No. 247 was passed compelling hospitals re-

Digitized by Google

ceiving more than one lying-in patient within six months or having more than one infant under two years of age at any one time, to secure a license from the State Board. This law was evidently intended to stop baby farming and rid the state of abortion mills. It is a move in the right direction but should be amended making it impossible for pregnant women to enter the hospital and be aborted. Hospitals should be compelled to make a complete report of all pregnant women entering the hospital.

I would not have you believe from what has been said, that all we need, and all that is necessary, is laws. But the law and conditions as they exist are a very material handicap to the conservation of health. The public must be educated. The American Medical Association from its birth in 1847, down to the present time, has shown more or less interest in educating the public. The following is taken from the American Medical Association Bulletin:

"The only hope of the future lies in education. More knowledge on health matters must mean greater efficiency, comfort and enjoyment for each individual. Public health is now recognized to be a question not of individual interest alone, but of public and collective importance. The city or the state in the future which permits its citizens of any age to sicken or die from preventable diseases will no longer be regarded as civilized. Ignorance, filth, disorder and disease must disappear as the people know and understand their causes and means of prevention. In this work the organized medical profession must assume an active part. The Council on Health and Public Instruction of the American Medical Association is the body which has been established to represent the medical profession in this work, in the accomplishment of which it asks the support of all right minded citizens."

There being no returns for any efforts put forth by physicians to limit disease, it is beyond comprehension why such opposition is met with, and why they are regarded as endeavoring to form a "Doctors' trust."

"Why was it you never married again, Aunt Sallie?" inquired Mrs. McClane of an old colored woman in West Virginia.

" 'Deed, Miss Ellie," replied the old woman earnestly, "dat daid nigger's wuth moah to me dan a live one. I gits a pension."—March Lippincott's.

Digitized by Google

CLINICAL REPORTS.

A Case of Purpura Hemorrhagica.

Morbus Maculous Neonatorum.

Premature female child, eight months, weight seven and one-half pounds, born April 10, 1912. Para II. Presentation L. O. A. The labor was normal and short. At birth a large number of ecchymotic spots showed upon the face, neck and trunk; only a few upon the extremities. Child appeared normal in every way and nursed well. The cord dropped off on the seventh day, with navel normal. Ecchymosis entirely gone by the ninth day. On tenth day left arm became paralyzed and child would scream out with pain if either left arm or leg were touched. Temperature normal. Twelfth day blood streaks appeared in the stools. Thirteenth day the roof of the mouth showed a uniform purplish discoloration, temperature still normal. Fourteenth day child vomited dark blood, also blood was present in three stools and some bright fluid blood oozed from the vagina. Rather profuse bleeding began from the navel, controlled only by ligation of the stump. Some blood appeared in the urine. Circular purpuric areas surrounded the iris and there was an irregular subconjunctival hemorrhage. At this time the temperature was 102.6, pulse 186, respirations 40 to the minute, irregular and shallow. Physical examination of chest showed both lungs about two-thirds filled with fluid. Fifteenth day the findings were the same as of the day before, with considerable ptosis of the left eye. At this time the baby would neither nurse nor swallow. Blood clots appeared in the stools and patient died at the end of the fifteenth day. Shortly before death ecchymosis again appeared in the skin, with one especially large spot in the left lumbar region.

The points of especial interest are the late fatal termination and the generalized bleeding. Practically every mucus surface of the body, as well as the skin, showed a seepage from the blood vessels. Even the brain was not spared, as was shown by the hemiplegia and ptosis.

A. J. Coats (Fairbury).

Hemorrhagic Disease of the Newly Born.

August 8, 1912, I was called to see Mrs. R., who was pregnant about term. She was not having labor pains, but had spent a very uncomfortable day and thought that labor might be be-

Digitized by Google

ginning. She stated that she had been uncomfortable during the entire pregnancy. Upon examination I found no dilatation, so left her, and received word two hours later that she was resting. August 16, at 6:30 a. m., I was called again and found the patient in pain. She said she had been having pains all night. I found dilatation complete, so I ruptured the membranes, which were unusually tough. The amniotic fluid was of greenish color and seemed to contain meconium. The woman said she had felt no motion for a week, but I detected the fetal heart sounds with the stethoscope. Two good pains delivered a male child of about six pounds weight. The cord was decidedly greenish and was four times around the child's neck. After about a minute, during which time I employed resuscitory measures, the child began to breathe, but it was several minutes before it cried and then but feebly. The cord was not several until pulsation in it had entirely ceased because the child was so evidently feeble. I personally claned the babe and dressed the cord and made efforts to get it to cry, but it did not do so lustily at any time. I made a daily call for three days. The mother reported the child doing well, though it did not cry and it nursed only a little at a time. On the second and third days it developed a moderate degree of icterus, but in general seemed to be doing fairly well. August 22nd, when the babe was six days old, the father telephoned me that it had a little bleeding from the navel. A new dressing had been applied and powder used and the hemorrhage stopped. I told him this sometimes happened when the cord separated, but if it occurred again to let me know. The next day he telephoned that the child had had another hemorrhage, so I called and found the cord partly separated and some blood on the dressings, but there was no active bleeding at the time. I applied some two per cent silver nitrate solution which I had with me, hoping to stimulate the tissues to a little more rapid healing. I also used powder freely and put on a firm dressing and thought there would be no further trouble. The next day no bleeding occurred, but the following morning, August 25, they sent me a message to come at once, as the baby was bleeding from the mouth. I found upon my arrival that the child had vomited a bloody fluid. I also found the mouth infected with thrush and the infant had refused to nurse since the evening before. The umbilical dressings were soaked with blood and I then recognized that I had a case of hemorrhage of the new-born. I placed a cotton button over the umbilicus and bound it tightly with adhesive, washed the mouth with borax and glycerine solution and directed the mother to try the child fre-

Digitized by Google

quently at the breast and promised to return soon. I was detained and it was three hours before I went again. The child had refused to nurse. Hemorrhage from the umbilicus had soaked through the dressing and most of the clothing and the child had passed a very bloody stool. The blood flowed from the navel as from a severed vein and I could check it only by holding it. With assistance it was drawn up and two ligatures applied tightly at the junction of the skin and this procedure checked the bleeding completely. Some of the mother's milk was withdrawn with a pump, two grains of calcium lactate were added and this was gradually put in the babe's mouth with a dropper. The child swallowed, but feebly, and in a few minutes vomited. Four ounces of peptonized milk, with two grains of calcium lactate, were then given by rectum and retained. Directions were given to repeat every two hours. At 7 p. m. I was notified that there was more umbilical hemorrhage and that the child had had a convulsion and had again vomited blood. I returned and tied a tape about the cord, including the skin. This again stopped the hemorrhage. Whether the other ligatures had slipped or had cut through the friable vessels I did not determine. At this time there were six or seven spots of subcutaneous hemorrhage on the back. The infant again retained the rectal feeding and I gave it five drops of suprarenalin hypodermatically. Later more hemorrhagic areas appeared under the skin, the child had repeated convulsions and died at 2 a. m. August 26th.

The symptoms in this case correspond quite closely to Buhl's disease, in which there is asphyxia, feebleness and icterus, and which at necropsy, besides the numerous hemorrhages, shows fatty degeneration of lung, muscle, heart and liver cells. No autopsy was held in my case. Reports of cases generally indicate that the healthy appearing infant is as subject to hemorrhagic disease as are those more feeble. It is thought to be an infection occurring before, during or soon after labor, and which alters the blood or blood vessels, or both, and causes a lack of the clotting quality of the blood, and abnormally pervious vessel walls. It is not believed to be a pyogenic infection. It is more common in institutions and has been reported in epidemic form in some hospitals. It is not hemophilic, as was once supposed, and syphilis, formerly believed to be a factor, has been found present in only two to six per cent of the cases.

The changed ideas of treatment for this disease in the last five years is interesting. Holt, in his 1907 edition on diseases of children, recommends suprarenal extract internally and sub-

Digitized by Google

cutaneous injections of two per cent gelatin, with the best possible nourishment and the maintenance of body heat. Pfaundler and Schlossman, in their 1908 edition, recommend subcutaneous injections of ten per cent gelatin, ergotin subcutaneously, and also physiologic salt solution. In September, 1909, Muggia published in La Pediatra an article recommending the use of anti-diphtheritic serum and relating cases of recovery under such treatment. He claimed that it increased the fibrin in the blood. In November of the same year Lucas, in an article in the Boston Medical and Surgical Journal, reporter eight cases of hemorrhage, one in the newly born, treated by direct transfusion of blood. All recovered but one and that one was complicated by a miliary tuberculosis. In May, 1910, H. O. Mosenthal of New York reports a case which he says is the third on record of the direct transfusion of blood in hemorrhage of the newly born. He mentions the risk of hemolysis and recommends that a parent's blood be used for this reason. He also tells of the difficulties due to the very small size of the infant's veins. In September, 1910, Newell reporter one case so treated, with rcovery. January, 1911, Lespinasse and Fisher of Chicago report a case with recovery and give the opinion that in non-syphilitic cases it is an absolute specific. It overcomes anemia, increases resistance to infection and checks hemorrhage. Green and Swift of Boston, in March, 1911, give a report based on fifty-one hospital cases and found the occurrence 1.14 per cent. They conclude that it is probably infectious, that the earlier the onset the worse the prognosis. They give the results of treatment with gelatin, with rabbit's serum, with hemostasis and with general supportive treatment, but do not mention transfusion. They had twenty-six recoveries and twenty-four deaths. In April, 1911, Schloss and Comiskey of Brooklyn report that, realizing that transfusion is difficult and available only in the hands of a skillful surgeon, they tried subcutaneous injections of blood in seven cases. Blood was taken from a vein in the parent's forearm with an exploratory needle and injected immediately into the subcutaneous tissue of the infant's back. Six children recovered and the one death occurred in an infant that had suffered eight days and was moribund when brought to the hospital. In March, 1912, A. W. Myers of Milwaukee reports the case of a child thirty-two hours of age which passed a large stool composed entirely of blood clots. This was repeated at 2, 3, 4, 5, 6 and 8 p. m. At 4, 6 and 8 it was accompanied by vomiting of blood. The stool without vomiting occurred again at 4, 7, 10 and 11:30 a. m. and the child's condition seemed

Digitized by Google

hopeless. At 12 m. three cc. of blood was taken with a syringe from the mother's arm and injected at once into the buttock of the infant. At 4:30 another injection of five cc. was made in the other buttock. There was no further hemorrhage and recovery was uneventful. I report this case rather fully for the encouragement of any one who may have what seems to be a hopeless case. The general practitioner with the usual precautions of antisepsis and sufficient haste to prevent the coagulation of the blood in the syringe may employ this method of treatment which seems to offer so much, and he cannot feel that he has done his duty without giving it a trial.

MABEL DUNN (Lincoln).

Quinine in the Preventive Treatment of Migraine and Anaphylaxis.

Herzfeld (Therapeutic Gazette, March 15, 1912) states that typical attacks of migraine have their origin in the gastro-intestinal tract and are due to autointoxication caused by the absorption of certain albuminoids. His statement has been questioned, but it now seems to be conceded that the absorption of certain albuminoids gives rise to the condition now known as anaphylaxis, to which class the syndrome known as migraine or hermicrania is referred.

Having found in his own experience that during an attack of gastro-intestinal trouble, certain foods which ordinarily caused no disturbance would then undoubtedly cause migraine, he began to experiment with himself to endeavor to abort such attacks.

He was able to determine that when the stage of severe pain had been reached no abortive treatment was possible, the best he could do being to use palliative means.

But during the first stage of the trouble and even during the stage of scotoma, the gastro-intestinal trouble co-existing, quinine was specific if given early and in sufficient quantity.

Seven grains was the dosage which proved curative with him.

In urticaria, in serum exanthemata and in hay fever he also found quinine distinctly serviceable.

Digitized by Google

ABSTRACTS.

New York's Killed by Traffic.

In New York city, during 1911, 423 persons were killed and 2,004 injured by traffic—For 1910 the figures were: 376 and 930. Contrary to popular belief, automobiles do not kill as many persons as wagons—142 against 172. Nearly half—sixty—automobile homicides were attended with escape of the chauffer. In this connection it may be noted that for several years the number of persons killed in and by automobiles is approximately equal to the number killed by railroads and trolleys, for the whole country.

Untoward Effects of Salvarsan.

Gonder (Roussky Uratch), working in Ehrlich's laboratory, determined by a series of experiments on mice that the addition of even minute traces of calcium salts to salvarsan increased the toxicity of the latter. Thus, when the syringe is boiled in tap water which contains calcium, the traces of lime adhering to the syringe are sufficient to affect the toxicity of salvarsan. When brought in contact with an alkaline medium, as happens when injected into the circulation, the calcium is thrown out of solution, and is found on autopsy to have caused embolism. This toxic effect of calcium, however, may be prevented by the addition of a small quantity of sodium citrate, which keeps the lime in solution. The salts of magnesia exert a similar action.

Controlling the Administration of Serum in Epidemic Meningitis.

Sophian, in the operation of administering serum, employs an assistant to take blood pressure readings throughout the whole operation. If the blood pressure drops ten mm. during the removal of cerebrospinal fluid it indicates that the withdrawal must cease. In a similar manner a drop of twenty mm. in an adult is a safe indication to stop the further injection of serum. He concludes his paper by saying that the old method of administering serum is inaccurate and someimes dangerous. The change in blood pressure determines accurately the quantity of serum that can be safely injected, and indicates also the quantity of cerebrospinal fluid that can be withdrawn. By the blood pressure method the dose is smaller and the after effects are much less severe.

Digitized by Google

Can Salvarsan Take the Place of Mercury?

This question heads an article by Dreuw (abst., in Fortschritte der Medizin, March 7th, 1912, 317), a police surgeon in Berlin. As the result of much experience in the inspection and regulation of the demi-monde, he believes that for the great majority of cass, mercury in some form should be the sheet-anchor; salvarsan being reserved for the cases where mercury can not be given or when it fails. He lays down the following principles: 1. Salvarsan should not be given by intra-muscular or sub-cutaneous injection. 2. The combined treatment, with salvarsan and mercury, obscures the course of the disease and renders difficult an accurate opinion of the value of the salvarsan. 3. Salvarsan is of no advantage in the treatment of prostitutes; on the contrary, its use is dangerous, as it only smothers the symptoms temporarily, and is by no means as effective as mercury. 4. The relapses that follow the salvarsan treatment are somewhat characteristic and are in many cases more violent than under the ordinary treatment.

GIFFORD (Omaha).

Normal Human Blood-Serum in Melena Neonatorum and Other Conditions.

(J. E. Welch, New York. The Therapeutic Gazette, February 15, 1912.)

Drawing his conclusions from a series of thirty-two cases of hemorrhagic disease treated by means of injections of human blood-serum, Welch calls attention to the remarkable therapeutic effect obtained. Not only in melena neonatorum, but also in hemophilia, uncontrollable epistaxis, and in septic peritonitis have splendid results been obtained. He emphasizes the dangers attending the use of alien sera and contrasts these with the harmlessness of the injections of homologous, i. e., human serum. Large quantities of serum are used—for instance, in a case of hemophilia in a five-year-old child 1034 cc. were administered hypodermatically in the course of five days. In a new born child weighing 5 pounds 12 ounces, 630 cc. of serum were given in the course of seven days, the case going on to recovery, although at the outset the prognosis appeared practically hopeless.

Welch believes that the rapid cessation of the bleeding after administration of the serum is due to the effect of the serum on the endothelial cells lining the blood vessels.

Digitized by Google

Quick Macroscopic Agglutination Test.

Ruhrah (Archives of Pediatrics) describes the Bass-Watkins agglutination test of typhoid, because he thinks it has not attracted the attention which it merits. A suspension of dead typhoid bacilli is used in the strength of 10,000 million bacilli in each c.c. in 1.7 per cent sodium chloride solution, to which is added one per cent liquor formaldehydi. It is stable. One-quarter of a drop of blood is placed upon a glass slide, diluated with one drop of water, and thoroughly mixed. One drop of the test fluid is then added to it and the mixture agitated for one-half to two minutes by tilting the slide from side to side. If the reaction is positive a grayish mealy sediment appears within one minute, giving a granulated appearance easily seen with the unaided eye. This consists of agglutinating bacilli. The specimen may be examined at the bedside or at some later time. It gives trustworthy results in infants and children, all cases of typhoid having been positive and all other diseases negative.

The Pulmotor—A New Apparatus for Resuscitating the Drowned and Asphyxiated.

So much interest has been aroused by the press accounts of this new apparatus for performing artificial respiration and forcing a supply of oxygen into the lungs that we are glad to publish the following description from the American Jour. of Clin. Med. (April, 1912).

The pulmotor which the Commonwealth Edison Company has so far sent out is about the size of a large suit case. In the lower portion of the case is an iron cylinder, three and one-half by twenty-one inches, containing oxygen at a pressure of about 2800 pounds when completely filled. This life-sustaining gas also furnishes the energy which is required to induce breathing, in the following manner:

The oxygen from the tank flows through a reducing valve, which at the outlet side maintains a pressure of about seventy-five pounds, and from there to the controlling valve. Initially the passage to the lungs is open through this controlling valve. The latter connects with rubber tubes leading to a metallic face-cap with a rubber rim which closely fits the patient's face. This face cap on one side is provided with a rubber bag, which permits a pair of forceps to protrude, by means of which the patient's tongue is held from obstructing the pharynx. The oxygen then has free access to the lungs.

Digitized by Google

When the pressure in the lungs has reached a certain value (about normal), a bellows interconnected with the lung cavity through the rubber tubes actuates the controlling valve. The pressure of the oxygen is now directed so as to create a suction over the connections which lead to the lungs, thereby causing exhalation of the gases previously forced into the lungs. When a certain vacuum is reached in the lungs and bellows, the outer atmosphere acts on the latter, which in turn operates the controlling valve and again admits the oxygen to the lungs. The frequency of these reversals depends upon the size of the lung cavity, a larger space requiring greater time, while with smaller lung cavities the operation is correspondingly more frequent.

This process is continued until the patient shows signs of natural respiration. The pulmotor action is then discontinued and the patient is allowed to breathe the pure oxygen through another small face cap connected by a hose directly with the oxygen tank.

Several patients can be treated at once. An extra tank of oxygen is carried in nearly all calls. This enables the operator to treat two persons at the same time, using the pulmotor on one and giving the other person oxygen from the oxygen bag. The majority of calls have been for more than one person—in several cases for four persons. In the latter cases it was possible to treat them all at practically the same time by having the patients close together and transferring the pulmotor and oxygen tube from one to the other.

An Insane Classic.

A penniless lawyer of Chicago hopelessly insane, who was an inmate of the hospital at Dunning, died a few years since, leaving nothing but the following prose poem, in the form of a will. It will outlive many a learned treatise destitute of imagination, fancy or sentiment; and even many a bit of verse illuminated by the glow of true poetic feeling. Incidentally it illustrates the kinship which often subsists between talent and mental observation, and may serve and correct current misconceptions with reference to the natrue of insanity.

I, Charles Lounsberry, being of sound and disposing mind and memory, do hereby make and publish this, my last will and testament, in order, as justly may be, to distribute my interest in the world among succeeding men.

That part of my interest, which is known in law and recognized in the sheep bound volumes as my property, being incon-

Digitized by Google

siderable and of none account, I make no disposition of in this, my will. My right to live, being but a life estate, is not at my disposal, but these things excepted, all else in the world I now proceed to devise and bequeath.

Item: I give to good fathers and mothers in trust for their children, all good little words of praise and encouragement, and all quaint pet names and endearments, and I charge said parents to use them justly, but generously, as the needs of their children shall require.

Item: I leave to children exclusively, but only for the term of their childhood, all and every, the flowers of the fields, and the blossoms of the woods, with the right to play among them freely according to the customs of children, warning them at the same time against thistles and thorne. And I devise to children the banks of the brooks and the golden sands beneath the waters thereof, and the odors of the willows that dip therein and the white clouds that float high over the giant trees. And I leave to children the long, long days to be merry in, in a thousand ways, and the night, and the moon, and the train of the milky way to wonder at, but subject, nevertheless, to the rights hereinafter given to lovers.

Item: I devise to boys jointly, all the useful, idle fields and commons, where ball may be played; all pleasant waters where one may swim; all snowclad hills where one may coast; and all streams and ponds where one may fish, or where, when grim winter comes, one may skate, to have and to hold these same for the period of their boyhood. And all meadows, with the clover blossoms and butterflies thereof; the woods with their appurtenances, the squirrels and birds and echoes and strange noises, and all distant places which may be visited, together with the adventures there found. And I give to said boys each his own place at the fireside at night, with all the pictures that may be seen in the burning wood, to enjoy without let or hindrance, and without any incumbrance of care.

Item: To lovers, I devise their imaginary world with whatever they may need, as the stars of the sky, the red roses by the wall, the bloom of the hawthorne, the sweet strains of music, and aught else they may desire to figure to each other the lastingness and beauty of their love.

Item: To young men, jointly, I devise and bequeath all boisterous, inspiring sports of rivalry, and I give to them the disdain of weakness and undaunted confidence in their own strength. Though they are rude, I leave to them the power to

Digitized by Google

make lasting friendships, and of possessing companions, and to them exclusively, I give all merry songs and brave choruses to sing with lusty voices.

Items: And to those who are no longer children, or youths, or lovers, I leave memory, and I bequeath to them the volumes of the poems of Burns and Shakespeare and of other poets, if there be others, to the end that they may live the old days over again, freely and fully without title or diminution.

Item: To our loved ones with snowy crowns, I bequeath the happiness of old age, the love and gratitude of their children until they fall asleep.—Illinois Institution Quarterly.

Salvarsan per Rectum.

Ehrlich's "606" can be administered per rectum, it is claimed, by Dr. Geley, of Annecy, France, with good results. The procedure is the same as the simple administration of other kinds of drugs per rectum. The solution is made as if it were to be used for intravenous injection. The patient's bowel, of course, is cleared first. No pain, no inconvenience follows. Absorption is rapid and complete. Effects seem to be the same as when the "606" is given intravenously. If after some time this novel way proves just as effective, it shall certainly facilitate the use of this remarkable remedy.

Etiology of Appendicitis.

Waugh (Int. Jour. of Surgery) concurs in Robertson's view that appendicitis is seldom due to foreign bodies, flatulent distention of the colon, etc. The veins of the appendix are of large calibre, without valves, and with thin walls. The muscular coat of the appendix is a continuation of the triband muscle of the colon, contracting and relaxing simultaneously with it. These contractions constrict the veins of the appendix, cause venous stasis and even thrombosis if the contraction is long continued. The nourishment of the appendix is interfered with, the tissue becomes engorged with venous blood, resistance is lessened and infection rendered likely. If the spasm is mild in degree appendicular colic will result, but if severe and prolonged, gangrene will ensue. It follows that relaxation of the spasm is the rational treatment of appendicitis not subjected to operation, and the best means of accomplishing this is by giving hyoscyamus and strychnine, and employing measures to empty the bowel.

Digitized by Google

COUNTY SOCIETY EDITORS

E. G. BARNHARDT, M. D., Department Editor.

A. B. Anderson, M. D., Pawnee City, Pawnee Co.
S. M. Baker, M. D., Alma, Harlan Co.
E. D. Banghart, M. D., David City, Butler Co.
H. H. Bellwood, M. D., Alliance, Box Butte Co.
J. S. Blanchard, M. D., Kearney, Buffalo Co.
J. H. Boyes, M. D., Hebron, Thayer Co.
F. A. Butler, M. D., Harvard, Clay Co.
E. S. Case, M. D., Stockville, Frontier Co.
W. F. Conwell, M. D., Neligh, Antelope Co.
Rachel M. Cooper, M. D., Aurora, Hamilton Co.
J. W. Craig, M. D., Minden, Kearney Co.
W. L. Curtis, M. D., Fairbury, Jefferson Co.
Sidney Eastman, M. D., Belgrade, Nance Co.
W. F. Engleman, M. D., Grand Island, Hall Co.
A. P. Fitzsimmons, M. D., Tecumseh, Johnson Co.
C. P. Fordyce, M. D., Manley, Cass Co.
C. L. Hooper, M. D., Butte, Boyd Co.
S. R. Hopkins, M. D., Hastings, Adams Co.
F. A. Long, M. D., Madison, Madison Co.
Jno. I. McGirr, M. D., Beatrice, Gage Co.
F. J. McRae, M. D., Albion, Boone Co.
W. P. Mitchell, M. D., Superior, Nuckolls Co.
M. M. Newbecker, M. D., Ord, Valley Co.
A. P. Overgaard, M. D., Fremont, Dodge Co.
Syl. Person, M. D., Stanton, Stanton Co.
C. D. Piasecki, M. D., St. Paul, Howard Co.
D. T. Quigley, M. D., North Platte, Lincoln Co.
M. A. Quincy, M. D., Ashland, Saunders Co.
Howard W. Quirk, M. D., Crete, Saline Co.
D. J. Reid, M. D. McCook, Red Willow Co.
B. F. Richards, M. D., Crawford, Dawes Co.
H. P. Sheldon, M. D., Scottsbluff, Scottbluff Co.
L. H. Sixta, M. D., Schuyler, Colfax Co.
Hal C. Smith, M. D., Franklin, Franklin Co.
P. A. Sundbury, M. D., Holdrege, Phelps Co.
A. E. Wade, M. D., Lexington, Dawson Co.

NEBRASKA NOTES AND NEWS.

Dr. W. H. Banwell of Orleans, Neb., died April 5th.

Dr. Van Meter, late of Dow City, Ia., is locating at Fremont.

Dr. J. M. Aikin of Omaha was an Ord visitor one day last month.

Dr. Anna Cross was appointed city physician of Crawford, Neb., recently.

Dr. H. H. Thompson, formerly of Scribner, Neb., has located in David City.

Dr. R. L. Ivens of Crawford, Neb., has purchased the drug store of Mr. W. L. Ayr.

The Nebraska State Health Association will meet in York, Neb., June 25th and 26th.

Dr. Beem of Hardy, Neb., died at his home, after several months' illness, on April 11th.

Dr. Wolford, formerly of Harvard, later of Albion, is now at Long Beach, California.

Dr. J. C. Miller of Ord was one of the many to attend the State Medical Association in May.

Dr. Pratt of Bancroft has again resumed the practice of his profession at his old location.

Dr. A. C. Dunn of Byron, Neb., who practiced in that town over twenty years, died April 29.

Drs. Kelley, of Alda, and McGrath, of Grand Island, have purchased new cars this spring.

Dr. Ira F. Richardson of Fremont has been having an inning with an attack of rheumatism.

Dr. John B. Foss of Crete, Neb., died at his home in Crete, March 30th, at the age of 59 years.

Dr. Neff has left Tamora, Neb., and Dr. C. J. Bierne is a new physician recently arrived there.

Dr. F. A. Bryant has given up his practice in Spencer and is now located at Herrick, S. D.

Digitized by Google

Dr. W. C. Loomis of Wichita, Kansas, is a new physician recently located in Kimball, Neb.

Dr. A. G. Emerson of Scottsbluff visited his old home in Johnson county for a short time recently.

Dr. Bailey of Glenville has retired from active practice and is in Texas for a visit and recreation.

Dr. Gaharanger of Grand Island has returned from Rochester, Minn., and is reported improving.

Dr. C. F. Moranville of Guide Rock, Neb., has sold his practice to Dr. Ambrose of Des Moines, Iowa.

Dr. Morrison of Bradshaw, Neb., fractured his forearm while cranking his auto the latter part of April.

Dr. G. E. Darrow, who recently disposed of his practice in Butte, is now located in Eugene, Oregon.

Dr. F. A. Marsh of Seward, Neb., has left for Buhl, Idaho, where he will make his home in the future.

Dr. Frank Borglum of Lincoln has removed to St. Paul, Neb., and will make his home there in the future.

Dr. J. W. Turner of Sterling, Neb., has been absent from home some time under treatment for gastric ulcer.

Dr. A. Cameron of Greeley county has located in Kearney, Neb., where he will continue the practice of medicine.

Dr. P. E. Melbourne of Carleton, Neb., has removed to Davenport, where he will continue in the practice of medicine.

Dr. J. H. Thompson of Albion, Neb., has returned from Chicago, where he had been taking a post graduate course.

Dr. Wm. C. Upjohn of Oamaha is defendant in a suit for $15,410 damages in a case of alleged criminal malpractice.

Dr. O'Hara of Belgrade was defeated candidate for state representative at the recent primary elecion by a very close margin.

Dr. Hansen of Bellwood has sold his practice to Dr. Anderson of Omaha and will remove in the near future to Los Angeles, Cal.

Dr. George W. Howe of Wisner, Neb., a pioneer physician of Cuming county, died recently at his home at the age of 69 years.

Dr. A. J. Baker of Grand Island has closed his office temporarily, and will take a vacation for several months in New York state.

Dr. Getsloff of the Sutton, Neb., hospital is soon to start on a trip to Europe to visit and spend a few weeks at hospitals in Berlin.

Dr. Alfred Schalek, Omaha, went to St. Louis, Mo., to attend the annual meeting of the American Dermatological Association, May 23-25.

Dr. Royal G. Phelps and Miss Ethel Shetler, both of Holdrege, Neb., were married at the home of the bride's parents early in April.

Dr. Talcott, Greenwood, has recently built an addition to his office, which gives him a very convenient, up-to-date, three-roomed office.

Dr. Kirkpatrick, Ashland, Neb., has purchased a new automobile which is larger and more convenient than the Reo which he recently sold.

Dr. A. P. Fitzsimmons of Tecumseh started south for an extended trip, intending to attend Dr. Rudolph Matas' clinic at New Orleans for some time.

Two more physicians have joined the automobile ranks, namely, Dr. S. A. Preston and Dr. H. N. Morrow of Fremont. Both are driving new cars.

Recently the writer had the pleasure of breaking bread in the comfortable home of Dr. and Mrs. Talcott of Greenwood, where we made the acquaintance of a brand new son, being the second one in their family.

Digitized by Google

Dr. S. M. Baker of Alma, Neb., recently suffered a compound fracture of the Tibia and Fibula of the left leg. The injury was caused by the kick of a vicious horse.

Dr. Ray of Fairfield, who has been a sufferer from gall stones, has undergone several operations, and has just returned home from a course of hospital treatment.

A son was born to Dr. and Mrs. S. Eastman of Belgrade, April 28th. The youngster weighed 13 pounds and the doctor is talking seriously of the new "white hope."

Dr. Guy Martin, formerly of Palmer, Neb,, and Miss Margaret Bowle, of Central City, were married April 15th and departed immediately for their home at Cullison, Kansas.

Dr. C. D. Barnes of Tecumseh, Neb., has been taking treatment in the sanitarium for the past two months and hopes to be able to again take up his practice in a short time.

Dr. Butler traded his beautiful home in Harvard for a farm and moved to his office building in the center of the business portion of the town, there having a residence and office combined.

The Hall County Medical Society held a rousing meeting in the private dining room of the New Vienna hotel, Grand Island, on Wednesday, May 1st. Dr. Sutherland gave an interesting paper.

Dr. I. D. Howard, the oldest physician in years of practice in the South Platte region, having practiced at Harvard thirty-five years, moved from his former office to an office in the postoffice building.

Dr. J. R. Cameron of Beaver City met with a serious accident the latter part of April, when his auto ran into a washout, throwing him down an embankment and fracturing several ribs. His auto was totally destroyed.

C. H. Platz, M. D., of Torrington, Wyo., president of the S. B. C. M. S., is taking an enforced vacation at the Scottsbluff sanitarium The doctor is convalescing from a severe struggle with typhoid, but once more the doctor is entitled to be named the winner.

Dr. C. E. Vandiver has opened an up-to-date hospital at Minatare, Neb., in charge of Miss Hazel Lammert. Nurse Lammert was for several years in training and in service in the Presbyterian hospital in Omaha, and both the profession and the people recognize Dr. Vandiver's ability as a surgeon.

The Butler County Medical Association met on May 15th at Garrison, Neb., with Dr. C. F. Roh as host. After the customary banquet the following program was offered: President's address, Dr. Hansen, Bellwood; paper, Dr. S. C. Beede, David City; "Some Laboratory Helps," Dr. E. D. Banghart, David City.

Saunders county members were in evidence at the recent session of the State Association. Dr. E. O. Weber showed right material for delegate, being present at all deliberations of the House of Delegates. Dr. Tornholm, alternate delegate, was also present. We are very much pleased with their faithful work.

The fine large addition to the David City hospital is completed and now ready for occupancy. The addition will more than double the capacity of the hospital. The new operating room is fully modern in every particular. A complete electric equipment and pathological laboratory are among the features of the addition.

Dr. George A. Weirick, at one time a physician of Hastings, Neb., is now in charge of the Broughton sanitarium at Rockford, Ill. Dr. Weirick has been first assistant physician for the past five years and the recent death of Dr. Broughton, the founder and physician in chief, has placed him at the head of the institution.

Digitized by Google

General Notes and News.

The Canadian Medical Association will hold its annual meeting in Edmonton, August 10-14.

Sanitary inspectors in San Francisco are hereafter to be physicians and are to be paid $200 per month and devote all their time to the work.

Dr. E. I. Werber, assistant in anatomy at the John Hopkins University, has been appointed instructor in anatomy at the University of Wisconsin.

An Infant Welfare Society has been organized in Minneapolis. Special attention will be given to the education of mothers and to a propaganda for breast-feeding.

Hookworm patients, to the number of 140,000, were treated by the Rockefeller Commission during the last year. The cost of the work is said to have been $148,000.

Dr. H. R. Kenaston, of Gregory, S. D., has been appointed by the governor of South Dakota a member of the South Dakota State Board of Health, to succeed Dr. W. H. Lane, of Miller.

Dr. H. O. Walker, widely known Detroit surgeon, died April 5, as the result of pneumonia. He was 69 years old and for many years had been prominent in national medical circles.

John Herr Musser, M. D., president of the American Medical Association in 1903-4, eminent as an internist, died at his home in Philadelphia, April 3, from angina pectoris, aged 55.

The Illinois State Charities Commission urges the establishment of a state industrial colony for improvable epileptics. This colony is not intended to care for chronic and insane epileptics.

Naame, a French physician at Tunis, has cured all of a series of 20 cases of Asiatic cholera, using intravenous injections of adrenalin. The Pasteur Institute endorses his discovery.

A letter from the office of the State Board of Health of Kentucky states that after the close of the present session the Louisville Naional Medical College will not be recognized by the board.

The North Missouri Medical Society will hold its spring session at Kirksville, June 16 and 17. All members of the State Medcal Association are invited to attend; contributions to the program will be welcome.

Dr. Edward H. Bradford, who recently resigned as professor of orthopedics in the Harvard Medical School, has been appointed dean, to succeed Dr. Henry A. Christian, whose resignation takes effect next September.

The next annual meeting of the Ontario Medical Association, as announced, will be held May 21, 22, 23, in Toronto. On the evening of May 20th the graduates of Trinity Medical College will hold a reunion banquet.

Paul Casper Freer, M. D., Rush Medical College, 1884; director of the Bureau of Science of the Philippine Islands and dean of the Philippine Medical College, died in Daguio, Philippine Islands, Aprl 17, from acute nephritis, aged 49.

Dr. M. H. Foster, Public Health and Marine Hospital Service, states that nearly one-half of the population of Alaska is afflicted with tuberculosis, and that unless active measures are taken to check the disease the population will eventually be wiped out.

By vote of the regents, on recommendation of the faculty, the degree of "Doctor of Public Health" has been established at the University of Wisconsin. Candidates for this degree must hold the degree of doctor of medicine from medical schools of approved standing, and must have spent at least two years subsequent to the regular medical course in the study of science relating to hygiene and public health.

Digitized by Google

According to the latest report of the Illinois State Board of Health, of 646 candidates who appeared for examination during the year 1911, only 432 received license to practice, the remaining 214, or about 33 per cent, having failed to meet the requirements.

Dr. Ira Remsen, for nine qears president of John Hopkins University and one of the original members of the faculty of that institution, tendered his resignation to the board of trustees, April 10. Dr. Remsen will retain his professorship of chemistry in the university.

The Honolulu "Commercial Advertiser" states that, in all, seven leper patients have been released on parole by the board of health, all of whom have been apparently cured or the disease arrested through the carbon monoxide snow treatment of Dr. Wayson. All the patients on parole continue under observation.

Dr. Thomas McCrae, associate professor of medicine and clinical therapeutics in John Hopkins Medical School, has accepted the chair of medicine at Jefferson Medical College, Philadelphiha. Doctor McCrae will sever his connection with John Hopkins at the end of the present scholastic year, and assume his new duties in October.

Sir Bertrand Dawson, physician extraordinary to King George V., arrived in New York on Friday, March 29th. He has come to study American methods in surgery, and will visit the principal hospitals in New York, Philadelphia, Washington, and Baltimore, in addition to the institution of the Mayo brothers in Rochester, Minn.

The Utah State Board of Health has issued an order abolishing quarantine against smallpox. Houses in which smallpox patients are under treatment are to be marked with a flag, but its other inmates are to be allowed to move about freely. It is maintained that quarantine against the disease is ineffective and harmful insofar as it gives the public a false sense of security, discouraging resort to actual preventatives.

We are indebted to Leslie's for April 4th for the information that very few newspapers printed the fact that the Senate at Washington promptly turned down a resolution regretting the resignation of Doctor Wiley. It is not impossible that there will be genuine regret at this resignation in some quarters where none is felt now; for the doctor's utterances will henceforth be untrammeled by governmental colleagues and "assistants."

Miss Clara Barton, founder of the American Red Cross Society, died at her home in Glen Echo, Md., on Friday, April 12th, in the ninetieth year of her age. It was largely through her efforts that the American Red Cross Society was established in this country, and she was president of the organization for twenty-three years, retiring in May, 1904. Long before this society had been founded, however, Miss Barton had become famous for her work on the battlefields in the Civil War, the Franco-Prussian War, and during the Spanish-American War, although nearly eighty years of age, she went to Cuba and directed the work of the society on the field.

A POT SHOT

A man who today is one of the biggest lawyers in California, physically and professionally, was defending his first case—a man charged with murder. The victim of the crime was a farmer, who had held several offices. The only eye-witness, a half-witted boy, was on the stand.

"Did he say anything when he was shot?" asked the lawyer.

"Uh-huh," replied the boy.

"Did you say anything in the presence of this defendant?"

"Uh-huh."

"What did you say?"

"I says: 'There! A road overseer, school trustee, constable, justice of the peace an' supervisor—all gone to hell in one pop!'"

Digitized by Google

SOCIETY MATTERS.

Annual Meeting of N. S. M. A.

OFFICERS ELECTED FOR 1912

President, I. N. Pickett.....Odell
Vice President, D. T. Quigley.....North Platte
Vice President, W. B. Kern.....Ingleside
Recording Secretary, Joseph M. Aikin.....Omaha
Treasurer, A. S. von Mansfelde.....Ashland
Corresponding Secretary and Librarian, A. C. Stokes.....Omaha

May 7, 1912, we had:

884 members paid for 1912.

33 paid during the session, totaling 917.

$356 defense fund for 1912.

194 registrations General Sessions.

Attendance about 250.

26 registrations House of Delegates, but roll call showed 26 to 48 in attendance at the several sessions.

The by-laws were amended and with the new constitution will be printed at an early date. A redistricting of councilor districts was effected. The entire proceedings of the meeting will be printed in the July, 1912, Review. The mailing list of members paid up in time for my report to our May, 1912, meeting, is in possession of the publishers of the Western Medical Review. If any member on that roll does not get the May issue of the Review, a written notice of such omission, sent to me, will have prompt attention. Those paid up in time for my report to the State Association have been reported to the A. M. A. Names of members who paid at or since our state meeting will be forwarded from this office to the national secretary, but I have no authority to say that they will be placed on the national roster.

The following resolution was given to the Associated Press and signed copies were given to the Lincoln State Journal and Omaha dailies for verbatim publication:

Resolution

1. Resolved, That we, the members of the Nebraska State Medical Association, in annual convention assembled at Lincoln, Nebraska, this 8th day of May, 1912, do hereby express most enthusiastically our absolute and unbiased support of the Senator Owens Bill, which is now pending before our national congress. We believe that this bill should be enacted into law and that by such enactment, with a national health bureau, as provided, the greatest conservation resource of the whole nation will be procured, viz: the conservation of the race.

2. Be It Further Resolved, That we extend greeting to our honorable members from Nebraska who represent us in the United States senate, and to our honorable representatives in the lower house of congress. And as we feel that these representative men will not be influenced by derogatory statements, malicious attacks or prejudicial opinions, it will simply become nccessary for the Nebraska State Medical Association to say to them that this organization, one thousand in membership and representative of the entire state, will stand by their favorable action and affirmative vote on this measure.

3. Be It Further Resolved, That a copy of these resolutions be mailed to each of our United States senators and representatives in congress.

Adopted May 8, 1912.

A. D. NESBIT,
President Nebraska State Medical Association.

JOSEPH M. AIKIN,
Secretary Nebraska State Medical Association.

Introduced by Dr. E. O. Weber, of Saunders county.

Digitized by Google

County secretaries in Nebraska are urgently requested to carry out the wishes of the Council of Legislation of the American Medical Association, respecting the Owens Bill, and all other legislative matters.

The profession were urgently called upon to continuously and intelligently urge the voters of their acquaintance to vote this fall (November, 1912) for a board of control for state institutions. The following resolution was adopted:

The Nebraska State Medical Association hereby expresses its approval of the action of the legislature of 1911 in granting an appropriation for a building for the college of medicine of the State University, commends the governor for signing the bill, and places itself on record as favoring the development by the state of a college fully up to the highest standard demanded by modern medical education and commensurate with the dignity of Nebraska as a state and with the intelligence and progressiveness of her people.

The Council for 1912 organized by the election of Dr. A. P. Overgaard of Fremont as chairman and Dr. J. C. Malster of Stromsburg as secretary. The address by Dr. Martin Fischer of Cincinnati, Ohio, was well received by a large audience.

The banquet was enthusiastically enjoyed by 182 guests. The splendid address by Dr. J. N. Hall was a rare treat and acceptable diversion from our customary toasts. The vocal and orchestra selections rendered evidenced good judgment for such an occasion.

JOSEPH M. AIKIN.

FRANKLIN COUNTY MEDICAL SOCIETY

The Franklin County Medical Association held its annual meeting for the election of officers on April 15th, at Bloomington, Neb. The following officers were elected for the ensuing year: President, Dr. W. H. Byerley, Franklin, Neb.; vice president, Earnest Packwood, Riverton, Neb.; secretary and treasurer, Dr. Hal. C. Smith, Franklin, Neb. Dr. Norman T. Johnston of Upland, Neb., was elected delegate to attend the state convention in May. The board of censors Dr. A. F. Nail, Riverton; E. P. Sumner, Bloomington and Dr. Johnston, Upland. A very interesting and original article was read by Dr. W. H. Byerley of Franklin on the subject of pneumonia and the same thoroughly discussed Our county now boasts of seventeen physicians and all are members of the county and state organizations. The next meeting will be held in Campbell, Neb., on Wednesday, July 31, 1912, and the following program rendered: "The Quack," Dr. N. T. Johnston, Upland, Neb.; "Cholecystitis," Dr. Wm. F. Dugan, Campbell, Neb.

SCOTTSBLUFF COUNTY MEDICAL SOCIETY

Nearly all of the members of the Scottsbluff County Medical Society were present at the April meeting in Mitchell on Monday, April 29th. The articles and discussions were extra good and will be remembered as among the "best ever." Dr. Churchill of Alliance read an article on actinomycosis in which he showed how "lumpy jaw" in cattle may be communicated to human beings and its manifestations in man.

Dr.. Peterson, bacteriologist, gave microscopic illustrations of Dr. Churchill's article and the society voted thanks to the doctors for the entertaining way in which the instructions was given. Dr. Moore of Gering spoke of some of the diseases with which babies suffer, particularly in hot weather and both from the article and from the discussion the doctors got much timely information. Dr. Crawford demonstrated the Sphygmomanometer lest we forget its many uses. The July meeting will probably be held in Scottsbluff, Neb.

Digitized by Google

CLAY COUNTY MEDICAL SOCIETY

The Clay County Medical Society held its annual meeting at Clay Center, Friday afternoon, April 28, 1912. A number of the representative men from the different towns in the county were present, also visiting members from Fillmore and Adams counties. Dr. Archerd of Clay Center was elected president; Dr. Lamphier of Sutton, vice president; Dr. Ray of Fairfield, who has been the secretary and treasurer since the organization of the society, was continued in that office. Dr. Butler of Harvard, councillor of the Seventh district, read a paper on "Benefits of Medical Societies." This paper was discussed at length. It was decided to accept the invitation of Fillmore county to affiliate in attending their next regular meeting at Geneva. This will, no doubt, be an interesting and profitable meeting, to which all medical men in the district are invited. In all probability the formation of a District Society will be discussed at the meeting. An interesting program is being formulated for this meeting. The Seventh district consists of six counties—Clay, Fillmore, Saline, Nuckolls, Thayer and Jefferson.

BOOK REVIEWS.

NURSING IN THE ACUTE INFECTIOUS FEVERS

Second Edition Revised. Nursing in the Acute Infectious Fevers. By George P. Paul, M. D., Visiting Physician to the Samaritan Hospital, Troy, N. Y. 12 mo. of 246 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $1.00, net.

THE PRACTICAL MEDICINE SERIES

Comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Gustavus P. Head, M. D., and Chas. L. Mix, A. M., M. D. Vol. IX, Skin and Venereal Diseases. Miscellaneous Topics. Edited by W. L. Baum, M. D., Harold N. Moyer, M. D. Series 1911, Chicago. Year Book Publishers. This number $1.25.

The contents of this number are classified under two sections. Section I: Constitutional relations of the dermatoses; therapy of the dermatoses; gonorrhea and chancroids; syphilis and allied diseases, and genito-urinary medicine and surgery. Section II: History of medicine; insurance; medico-legal questions; sociology and miscellaneous topics.

PRACTICAL MEDICINE SERIES

Comprising ten volumes on the year's progress in medicine and surgery. Vol. X, Nervous and Mental Diseases, edited by H. T. Patrick, M. D., Professor of Neurology in the Chicago Policlinic, etc., and P. Bassoe, M. D., Assistant Professor of Nervous and Mental Diseases in Rush Medical College. Price $125. The Year Book Publishers; 180 N. Dearborn St., Chicago.

These little volumes, in the full series, constitute the most convenient year book published.

THE SURGICAL CLINICS OF DR. JOHN B. MURPHY

The publication of The Surgical Clinics of Dr. John B. Murphy represent the eloquent clinical lectures of the foremost clinician of surgery of the present time.

These publications, like his lectures, are full of information. The reading matter is in a style by itself, occasionally dogmatic, which, however, is one of the points that make these papers of more interesting reading than the carefully compiled monograms and textbbooks.

Digitized by Google

For the first publication we have but one criticism to offer, that is "The description of Dr. Murphy's operative technique is not sufficiently elaborated nor systematically recorded in the order he proceeds," acknowledging that during many operations the operator must devote his entire attention and skill to the details of the operation intself and therefore is not in the position to dictate a systematic technique of some of his operations. The technique of Dr. Murphy's operations are founded on long and watchful experience and, no doubt, have a world-wide recognition.

WIGHTMAN (Omaha).

THE TAYLOR POCKET CASE RECORD

By J. J. Taylor, M. D., 252 pages, tough bond paper; red limp leather; $1.00. Published by The Medical Council Co., Forty-second and Chestnut streets, Philadelphia, Pa.

The object of this book is to encourage more accurate observation and study of cases by supplying a convenient form for a condensed record of each important case, in pocket size, so that the practitioner can have it always with him, and so arranged that the necessary data can be written down in the briefest possible time—preferably while the examination is actually being made.

Thoroughness of examination is encouraged by means of a Syllabus, detailing all the points that should be considered in each case.

The blank for the first thorough examination, diagnosis and treatment is followed by spaces for sixteen subsequent visits.

The book provides for 120 cases.

A TREATISE ON TUMORS

For the use of Physicians and Surgeons. By Arthur E. Hertzler, M. D., of Kansas City, Mo., Assistant Professor of Surgery in the University of Kansas. Octavo, 728 pages, with 538 illustrations and 8 plates. Cloth $7.00, net; half Persian morocco, gilt top, de luxe, $9.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1912.

Approximately one-fourth of all surgical literature is devoted to tumors. This fact alone conveys some idea of the magnitude and importance of the subject, and should impress on the busy physician, surgeon and specialist the impossibility of even beginning to read this vast mass and the great difficulty of finding therein any particular information for which he may be in search. In the volume at hand, Dr. Hertzler has presented, in such proportion as his duties as teacher and consultant have shown to be most advisable, the experience of many years gained in the operating-room, the observations of laboratory study, and the information gathered from the literature. To make his volume one of maximum utility he has, in presenting the subject, kept in mind the application of both the scientific viewpoint and clinical observation. The practical aspects have received strong emphasis. The volume is one which brings the general practitioner and surgeon into co-operation. It is sumptuously illustrated with original engravings and plates.

OPERATIVE OBSTETRICS

Including the Surgery of the Newborn. By Edward P. Davis, M. D., Professor of Obstetrics, Jefferson Medical College, Philadelphia. Octavo, 488 pages; 264 illustrations. Philadelphia and London: W. B. Saunders Co., 1911. Cloth, $5.50, net.

The book is conveniently divided into four parts: 1. The Surgery of Pregnancy. 2. The Surgery of Labor. 3. The Surgery of the Puerperal Period. 4. The Surgery of the Newborn. The indications for the various operative procedures are clearly stated and the treatment of normal obstetric events as well as of all the complications that may arise during pregnancy,

Digitized by Google

labor and the puerperium is described in a comprehensive manner. The author's rich experience is reflected in his managment of the obstetric operations as described in the text and adds considerably to their interest. The book is profusely illustrated.

A TEXT BOOK OF MEDICAL CHEMISTRY AND TOXICOLOGY

By James W. Holland, M. D., Professor of Medical Chemistry and Toxicology, JeJfferson MeMdical College, Philadelphia. Third Revised Edition. Octavo of 655 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $3.00, net.

The changes throughout this work have been numerous, although by the omission of obsolete matter the book has been kept down to its former size. Based on nearly fifty years of practical experience in teaching chemistry and medicine, this work by Dr. Holland possesses a real value to you, because it expresses that definite knowledge acquired only in the laboratory and the class-room—knowledge of the most practical sort; and Dr. Holland has presented his subjects in a way that will prove most helpful to you. Toxicology is given more space than in any other text-book on chemistry, and the various tests are detailed most clearly.

THE SURGERY OF ORAL DISEASES AND MALFORMATIONS

Their Diagnosis and Treatment. By George V. I. Brown, D. D. S., M. D., Oral Surgeon to St. Mary's Hospital and to the Children's Free Hospital, Milwaukee; Professor of Oral Surgery, Southern Dental College, Atlanta, Ga. Octavo, 740 pages, with 359 engravings and 21 plates. Cloth, $6.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1912.

The region embraced in the title of this work is the scene of many diverse and important operations, such as those for hare-lip, cleft-palate, and the agonizing facial neuralgias. As the roof of the mouth is the floor of the nose, deformities of the upper air passages can often be removed by a very simple widening of the upper jaw. The author has displayed great ingenuity and resourcefulness in devising new or improved operations, and these are given in detail with liberal illustrations of their successive steps. Dr. Brown also appreciates the importance of facial appearance, and has shaped his operations to accomplish aesthetic as well as practical results. His serial pictures demonstrate a great advance in this particular over what was formerly thought to suffice. Most surgeons have operations in this region to perform, and to them, as well as to dentists, and to students of medicine and dentistry, this work can be recommended as preesnting the whole subject in its latest form.

HEALTH AND MEDICAL INSPECTION OF SCHOOL CHILDREN

Walter S. Cornell, M. D., Philadelphia. Published by the F. A. Davis Co., Philadelphia, 1912. 614 pages, 200 illustrations, $3.00.

This is a timely book, presenting in concise form the varied problems which many cities are just beginning to meet. In the absence of established precedent and long experience, Dr. Cornell has establishd a model which will probably be copied by other authors soon. His book should be in the hands of every school principal and superintendent, every school inspector or aspirant for such a position. More than this, the description of physical defects actually encountered in children, the demonstration of hereditary taints, the careful study of feeding, and many other details render the book valuable to the practitioner. We wish, too, that it might be purchased at public expense and placed in the hands of state and municipal legislators.

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00. The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

Dr. A. G. HAMILTON, Thermopolis, President DR. W. H. ROBERTS, Cheyenne, Secretary
DR. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. H., Rock Springs.

Vol. XVII. CHEYENNE, WYO., JUNE, 1912. No. 6

ABSTRACTS.

Two Standard, Official Therapeutic Remedies.

The following two official preparatnons have much to recommend them. They are here commented upon at this time because they are seasonable and because they are worthy of the confidnce of every physician. They are meritorious products and as made by the capable pharmacist, have a maximum of therapeutic efficiency.

Liquor Antisepticus, U. S. P.

The Antiseptic Solution of the Pharmacopoeia contains 2 per cent of boric acid, one-tenth of one per cent each of benzoic acid and thymol, as well as small but definite amounts of eucalyptol and the Oils of Peppermint, Gaultheria and Thyme. Its alcohol content is 25 per cent.

It is a mild yet efficient antiseptic, and in those cases where such agents as Mercuric Chloride, Phenol, Iodoform, etc., are objectionable, its action is decidedly advantageous, owing to its great penetrating power, a consideration of practical importance.

The ideal antiseptic is one that combines a maximum of toxic effect on bacteria with a minimum of action on tissue cells. Such an antiseptic has not yet been found and probably does not

Digitized by Google

exist, but a thorough trial of this preparation will establish its usefulness as one of our best antiseptics at the present time.

It is a colorless solution of a pleasant and agreeable odor and less irritant than most other antiseptics. It is also a useful detergent and is an efficient gargle diluted with an equal quantity of water or hydrogen dioxide (Aqua Hydrogenii Dioxide, U. S. P.), commonly called peroxide of hydrogen.

Its use as a dentifrice and as an antiseptic spray for the throat and nose often aborts the incipient stages of infectious diseases.

Oleum Santali, U. S. P.

Oil of Santal is a pale yellow, rather thick liquod, having a peculiar aromatic odor and a pungent, spicy taste. It is a volatile oil obtained from the wood of Santalum Album (India and East Indies) by distillation.

As there is always a sufficiency of true Oil of Santal of undoubted therapeutic efficiency on the market, with antiseptic properties powerful enough to inhibit the growth of bacteria, there is little or no need for the medical practitioner to resort to special remedies that contain, or claim to contain, the true Oil of Santal. This true oil probably acts as much by lessening the inflammatory exudate as by its bactericidal action. It is much less irritant than other genito-urinary disinfectants of the volatile oil class and has little tendency to disturb the digestion, being well borne by the stomach and bowels.

Its superiority is demonstrated in a measure by its excretion, mainly by the kidneys, as it is excreted in a fairly strong combination with glycuronic acid. Were this not the case the excreta would act as a culture medium for bacteria.

It may be prescribed in capsules and in doses from 0.3 cc. (5 minims) to 1.13 cc. (20 minims).

Camphorated Oil in Pneumonia.

Wachter (Medizin Klinik) has been treating his pneumonia patients during the last three years with one or two daily subcutaneous injections of 3 or 5 c.c. of camphorated oil. He has found it effectual in stimulating and strengthening the heart, while it seems to have a direct action on the lungs and soothes the brain. The crisis occurred in from one to nine days in his thirty cases. The pain was arrested and the agitation subsided; even the delirious patients quieted down.

Digitized by Google

Digitized by Google

Dr. I. N. Pickett, of Odell, Neb.
President-Elect of the
Nebraska State Medical Association.

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Neb. Per Annum, $2.00. The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. Jonas, M. D., President — H. L. Akin, M. D., Sec.-Treas. — H. Gifford, M. D.
F. E. Coulter, M. D., V-Pres. — H. L. Burrell, M. D.

A. L. MUIRHEAD, M. D., Editor.

C. C. MORISON, M. D., Associate Editor.

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H.L.	Crowley, C. F.	Hamilton, H. P.	Owen, F. S.
Allison, C. C.	Christie, B. W.	Jonas, A. F.	Pollard, C. W.
Akin, H. L.	Davis, B. B.	Lake, F. W.	Rich, C. O.
Bryant, D. C.	Dunn, A. D.	Lemere, H. B.	Rix, R.
Bridges, W. O.	Foote, J. S.	Mack, A. E.	Stokes, A. C.
Crummer, LeRoy	Gifford, H.	Milroy, W. F.	Somers, A. B.
Coulter, F. E.	Henry, W. O.	Moore, R. C.	Schalek, Alfred
Condon, A. P.	Henry, E. C.	Moriarty, Pierre C.	Sumney, H. C.
Conlin, F. M.	Hollister, R. R.	McClanahan, H. M.	Towne, S. R.

Anderson, A. B., Pawnee City	Long, F. A., Madison	Poynter, C. W. M., Lincoln
Artz, C. V., Hastings	Von Mansfelde, A. S., Ashland	Hopkins, S. R., Hastings
Coats, A. J., Fairbury	McConaughy, R., York	Pickett, I. N., Odell
Dayton, W. L., Lincoln	McDonald, R. C., Fremont	Quigley, D. T., North Platte
Everett, M. H., Lincoln	McKinnon, A. I., Lincoln	Rork, L. W., Oxford
Hilton, D. C., Lincoln	Mitchell, A. R., Lincoln	Talbot, W. E., Broken Bow
Hildreth, M. L., Lyons	Orr, H. Winnett, Lincoln	Wilson, W. H., Lincoln

Vol. XVII. OMAHA, NEB., JULY, 1912. No. 7

EDITORIAL.

I. N. Pickett, Odell, Nebr.

President Nebraska State Medical Association.

Ira N. Pickett was born of Quaker parentage, near Carmel, Hamilton County, Indiana, June 30th, 1852. His parents moved shortly thereafter to a farm near Darlington, Montgomery County, Indiana, where they both died three and a half years later. He was given domicile by Elias C. Barker, Thornton, Boone County, Indiana, who subsequently gave home to four other orphans.

His early life was spent on the farm and attending Friends School at Sugar Plain in the immediate neighborhood. At the

Digitized by Google

age of 18 he entered Whittier College (a Friends institution) at Salem, Iowa, and attended three terms, after which he engaged in the mercantile business at Red Oak, Iowa with disastrous result. In 1875 he began the study of medicine with Dr. J. W. Martin, of Red Oak as preceptor. In 1876 he returned to Thornton, Indiana, where his studies were prosecuted under Drs. Mendehall and Rose as perceptors. He graduated from the College of Physicians and Surgeons of Indiana, February 22, 1878, located at Stafford, Kansas in May of the same year and was pioneer physician at that place until 1880. Here the usual adversities of frontier life were experienced; long rides always in the saddle, racing with prairie-fires to secure a point of safety before the rapidly traveling head-fire, once being compelled to face about, put spurs to his pony and leap through the fire with the result that the hair on the horse was badly singed and his own coat caught fire. Sleeping on the ground at night, when both rider and pony became lost. Attending desperately sick patients with the nearest consultant 35 miles away, all these conspired to develop a fortitude and self reliance that would have been difficult to otherwise obtain. Here was learned a valuable lesson, that has been of inestimable service to both himself and patients, one that every beginner in the practice of medicine should ever keep in mind, *that the best consultant is a Standard Text Book.*

For reasons sufficiently obvious to all who have lived in a drought stricken region, "greener pastures" were sought, and in 1880 he located at Red Oak, Iowa, where for three years, with the thoughtful and kind assistance of the senior local profession, he was forced to "specialize"—in gratuitous practice.

In 1883 with debts incurred while attending medical college, yet unpaid, another move was considered advisable, and Filley, Gage County, Neb., was selected, from which place, three years later, he moved to Odell, where for 26 years a busy life has been spent with but one vacation of 10 days. In 1887 he was married to Mrs. Minnie E. Colby of Ridott, Ills.

Dr. Pickett was a charter member of the first South-eastern Nebraska Medical Society. He organized the Gage County

Digitized by Google

Medical Society twice, the last time as a component society of the Nebraska State Medical Association. He joined the State Medical Society in 1889 and was delegate to the American Medical Association in 1905-1907; attended every session of the House both in Portland, Oregon, and Boston, Mass., and voted on every question including an affirmative vote creating the Council on Pharmacy and Chemistry, which has proven so embarrassing to the "fakers" and adulterators of both Drug and Food Products of the nation.

His election to the highest position of honor in the State Medical Association, at the annual meeting in Lincoln, shows the high esteem in which he is held by those who have known him for many years as an earnest, honest, courageous and eminently practical physician, the kind of a man we all delight to honor.

Infantile Paralysis in 1910 and 1911.

While the number of cases of infantile paralysis in 1911 was not nearly so large as that in 1910, yet the collected statistics, as given in *Public Health Reports, April* 19, 1912 show that the disease was widely distributed throughout the United States. The number of reported cases in 1910 was 5,861, with 950 deaths; in 1911, 1,931 cases with 440 deaths. These figures are taken from the reports of states in which the disease was reportable and from the printed bulletins of some other states. The report compiled by the Bureau of the Census from the registration area shows that the number of deaths for 1910 was 1,459. The data, however, are icomplete, and therefore the number of cases was undoubtedly considerably larger than these figures indicate. The deaths are probably more completely reported than the total number of cases. These figures, however, bear out our previous knowledge that the disease has alternate active and more or less quiescent periods owing to lack of susceptible individuals or to the attenuation of the infection. Both causes probably operate. An extension of the registration area to all the states and the securing of complete reports would no doubt greatly increase the number of reported cases and would give

Digitized by Google

valuable aid in the epidemiologic study of the disease. —J. A. M. A.

Conservation of Child Life.

Congress is gradually coming to realize that its duty to the people includes an oversight of the health and living conditions of the human family. The hogs and the cattle, the fish and the birds, the plants and the tres, the soil and the rivers, all are safeguarded from wanton destruction by rapacious marauders; but the sanctity of "personal rights" has so enthralled the nation that human health and life have been regarded as little more than a commercial asset, and those who trafficked in their waste not only have not been "regulated" but have actually been protected by law-making and law-interpreting bodies, as well as by the press.

The passage of the Borah child bill and its approval by the President indicates that a change has taken place in the popular mind as to what constitutes "personal rights," for with the approval of this bill child-like has become recognized as a proper governmental study. The bill creates a new bureau whose province will be the collection of statistics of all sorts concerning the living and labor conditions of children.

The bill was opposed bitterly by some members of the House and Senate on behalf of certain industries employing large numbers of young children, but despite this opposition the measure obtained a safe majority in both chambers by reason of its high importance as a public welfare measure. The reports of the investigations pursued by the bureau will be published by the government from time to time.

The establishment of a bureau of this kind is a long step in the direction of health conservation and should have been created long ago. The next step—which should have been the first step in the scheme of health and life protection—is the passage of the Owen bill and the establishment of a department of health for the protection and conservation of all human life and health.

Digitized by Google

ORIGINAL ARTICLES.

Preventable Insanity.

*By W. B. KERN, M. D., Superintendent Nebraska State Hospital, Ingleside, Hastings.

To say that the prevelance of insanity and its wonderfully rapid increase throughout the civilized world is appalling is, indeed, putting it mild in the extreme; and that insanity is the gravest of all afflictions to which mankind is heir, there can be no shadow of doubt. No other disease is marked by such wonderfully devastating consequences, and certainly none other so effectually and completely robs the individual of everything of value to him as does insanity in the loss of his most precious possession, the mind.

Serious in the extreme is the fate that condemns the individual to mental loss, and destroys all that gives value to him in his onward march through life. When, in declining years, an intellect which has shown brightly and has been widely recognized and admired for its greatness and brilliancy, is extinguished in hopeless darkness and the individual left helpless and hopeless for the remainder of his days, when in reality his last and declining years should be the happiest and most peaceful of his entire earthly career, the condition becomes a wonderfully pathetic one indeed.

Serious also is it when the divine spark becomes dulled or lost in the full bloom of manhood or womanhood, but most serious of all to the human race is this affliction when the mental light is blighted during the unfolding and while the life is still young. The individual suffering with advanced dementia or any of the incurable insanities cannot be said to live, but merely to exist. Such an individual is a burden to himself, to his friends, to society, and to the state, and while a tear may be dropped by friends upon his bier, yet it is not an expression of sorrow, but rather of relief that he is gone.

State and other hospitals for care of mental cases are being constantly overcrowded with increasing insanity.

A special census of three hundred and seventy-two (372) Institutions for the Insane taken by the United States Census Bureau shows that on January 1, 1904, these Institutions contained one hundred fifty thousand one hundred fifty-one (150,151) patients, and the number of persons committed during

*Read before the Nebraska State Medical Association at Lincoln, May 7-9, 1912.

Digitized by Google

that year was forty-nine thousand six hundred twenty-two (49,622). In the six years following 1904 (that is, 1905 to 1910 inclusive), there was an increase of thirty-seven thousand three hundred three (37,303), or twenty-four and eight-tenths (24.8) per cent of the patients confined, and an increase of ten thousand nine hundred eight-one (10,981), or twenty-two and one-tenth (22.1) per cent of the number of patients annually committed to such asylums.

This census report also shows the number of insane in asylums per one thousand population to be 1.86 in 1904 and 2.04 in 1910.

These figures include, of course, only those admitted to asylums. The increase in the number of Institutions for the Insane during the same period was thirteen (13) per cent. Kraeplin in his excellent work makes the statement that in Germany alone at the present time there are to exceed two hundred and twenty-five thousand (225,000) insane (approximately one (1) in three hundred and thirty-five (335) of population, according to the most recent census), and that it is increasing with a most unfortunate rapidity. This increase may in a way depend upon our fuller knowledge of insanity, on the more highly developed care of the insane and on the increasing difficulty of treating mental cases at home, and so may be in a way only apparent, but safe indeed to say this wonderful and alarming condition renders the subject of the means of prevention of first importance. Fully thirty-five (35) per cent of all suicides is believed to be due to mental derangement in some form, while sexual crimes, and to a less extent dangerous assaults, are often committed by those of defective mentality. Very many families are ruined by their mentally defective members, either by their useless squandering of their means, or because of long illness, or inability to earn a livelihood, the power of caring for and maintaining the household is lost and the home dissipated.

The custom of caring for idiots, imbeciles and most chronic and incurable insane patients in the home, and especially in the home with growing children, or nervous adults, is always objectionable. Again a very large number of early and beginning nervous and mental maladies are perfectly curable in their incipiency, but are rendered hopeless and incurable by being permitted to go unobserved and without proper care and treatment. For these and other important reasons, every family physician should, as far as possible, acquaint himself with the nature and phenomena of insanity. Even though his powers

Digitized by Google

against this mighty adversary are limited, yet opportunity is afforded every physician to contribute his share to the prevention and alleviation of the endless misery constantly resulting from mental disease. He will often be in a position to prevent the marriage of an incompetent or of those seriously threatened with mental difficulties, and frequently have a hand in selecting or securing proper educational opportunities or the choice of occupation for children predisposed to mental disease.

With reference to the causes of insanity it may be safely stated that very few if any cases are met in which one cause alone can be correctly assigned for the development of the disease, but rather a number of adverse influences enter into combination and are responsible for the mental derangement.

Among the commoner causes of insanity are heredity, alcoholism, syphilis, narcotics, exhaustion, trauma, shock, emotional disturbances, and any and all agents that tend to prevent or interfere with the normal nutrition of the brain.

The exact relation of heredity in insanity is uncertain. Statistics vary widely, but the great number of instances now observed leaves no doubt but that heredity is a very important causative factor.

In determining the factor of heredity it is not sufficient to ascertain the existence of psychosis in the ascendants, but seek by careful interrogation for the presence in various members of the family of some one of the hereditary equivalents, such as epilepsy, chorea, hysteria, neurasthenia, organic disease of the central nervous system, criminal tendencies, eccentricities of character, alcoholism, etc., these equivalents being interchangeable from one generation to another and are evidence of an unstable nervous system. It is the unstable nervous organization that is inherited, not a particular neurosis or psychosis.

The per cent of heredity in insanity is very widely estimated by different writers and under varying conditions and circumstances. Clauston and others believe this to run ordinarily from sixty-five to seventy-five per cent, while Maudsley shows only twenty-five to forty per cent. Both are apparently in error, according to most authors and observers, while the statements made by Kraeplin, that forty to sixty per cent of the insane have the inherited taint, seems more nearly correct and appears quite generally accepted. There is certainly no disputing the fast that of all the influences in the production of insanity, a faulty predisposing heredity is beyond all others the most important and fateful factor, and the problem of its reduction and elimination merits the most earnest and careful consideration.

Digitized by Google

Evil hereditary strains are not, however, the only deteriorating force threatening the individual mentality. Before birth, sickness, weakness, exhaustion, anxiety, emotional strain, and physical disorders in the parents at the time of conception, and in the mother during gestation, are baneful influences and often of the greatest consequence to the offspring. These congenital tendencies explain the beginning of degeneracy in persons in whose ancestors there can be discovered nothing of a constitutional or hereditary kind. This is one of the instances in which insanity or mental or physical degeneracy is not to be found in the remote ancestry, but in the immediate ascendents, and not necessarily in their lives as a whole, but a certain period therein, critical, indeed, so far as the offspring is concerned.

Alcohol is a direct poison to the nervous system and is an ever active and prominent factor in the causation of mental disease. It is believed to be a much more prevalent cause in modern than in ancient times, largely because of the facility and cheapness with which distilled spirits are made and placed upon the market at the present day. Morel in 1857 first demonstrated that alcohol is one of the most prominent causes of chronic degeneration, which shows itself not only in the immediate victims, but also in the descendants through several generations. It causes both acute and chronic insanities; as delirium tremens, mania, alcoholic paranoia, chronic systematized insanity and general alcoholic paresis, and contributes to the causation of idiocy and imbecility, and very largely to epilepsy. As a direct cause of insanity alcohol stands second only to heredity, and were it possible to gain a fairly accurate estimate of the amount of insanity, degeneracy, idiocy, imbecility, epilepsy, the number of women driven insane by the abuse of drunken husbands, the prevalence of syphilis contracted by men during alcoholic debauch, and this in turn followed by general paresis, or syphilitic dementia, all due directly and indirectly to alcoholism, the results would indeed be alarming.

The injudicious and indiscriminate use of narcotics, such as opium and its derivities, cocain, cannabis indica and chloral are not infrequently responsible for the development of mental derangement.

The influence of syphilis upon the nervous system has been fairly well understood since the research of Huebner in 1874. The exciting agent in syphilis is now believed to be a spirochaete, which, it seems, probably causes a toxine, which may act directly upon the nerve cells as well as upon the blood vessels and neuroglia.

Digitized by Google

Syphilis is responsible for many and diversified symptoms of the nervous system not all of which are mental, however, by any manner of means, but of the mental affections for which it is responsible, the commonest are general paresis and syphilitic dementia. A syphilitic husband infects the wife, and the disease appears in their children with wonderful regularity, not only affecting the immediate offspring, but, as recorded in Holy writ, "The sins of the father are visited upon the children even unto the third and fourth generation."

Infections or septic involvement of various kinds not infrequently cause mental disorders; the psychosis, for example, that follows infectious fevers such as typhoid, cerebro spinal meningitis, epidemic influenza, and is also met during or immediately following childbed fever and surgical operations, is believed by most authors to be due to the intoxicating action of disease germs or their toxines upon the brain. In some of these cases the mental disorder continues indefinitely after the primary illness has disappeared.

Exhaustion from over work, improper and insufficient nourishment, bad hygiene, insomnia, exposures and hardships of various kinds, alcoholic indulgence, sexual excess and any cause interfering greatly with the general health or general nutrition, may be responsible for a mental breakdown.

Many other causes of insanity are assigned, a few avoidable, many unavoidable. The thing that is of most concern at this particular time is the consideration of the avoidable causes of insanity, and it is conservatively estimated that avoidable causes of insanity account for fully 50 per cent of all patients at this time under treatment. Of these preventable evil influences operative in the destiny of the individual before birth, the one which stands first in importance in degenerative force, is alcoholism. Kraeplin states: With the severe and prolonged use of alcohol, besides the effect on the brain and mentality, regularly supervenes more or less extensive changes in the various organs of the body, and especially are the blood vessels morbidly involved at a rather early date. In this manner a grave invalidism is eventually developed, the relief from which is only possible in part, and very slow. This general involvement by disease becomes especially fateful since it is a fact that it is capable of exerting the most pernicious influence on posterity.

Dr. Demme, for the purpose of more fully illustrating this point, has examined in the course of twenty-two years, the chil-

Digitized by Google

dren of two (2) groups of ten (10) families each. In one of these groups the parents were addicted to the use of alcohol habitually; in the other group the parents were sober. Out of the alcoholic group issued fifty-seven (57) children, and of these ten (10), or seventeen and five-tenths (17.5) per cent were normal. The other children of this group were afflicted with various ailments pointing to degeneration, such as malformations, dwarfism, chorea, epilepsy and idiocy. Twenty-five (25) of these children perished within the first year. Out of the group of sober families were born sixty-one (61) children, and of these only five (5) died within the first year, four (4) later on suffered from nervous diseases, and two (2) showed defects in development. The remaining fifty (50) children, or eighty-one and nine tenths (81.9) per cent were, and remained perfectly healthy. These experiences show, in the most striking manner, that chronic alcoholic poisoning not only destroys the individual, but stamps in the embryo the seal of degeneration.

Dr. De Fursac, a leading French authority says chronic alcoholism is encountered with particular frequency in the parents of psychopathic and neuropathic individuals. It produces all possible forms of degeneration, but creates more particularly a special morbid disposition termed the "convulsive tendency". Many children of alcoholic parents die of convulsions at an early age, and of those who survive, more than fifty (50) per cent become epileptics.

Morel outlines the course of alcoholic degeneration as follows:

First generation: Moral deterioration, alcoholic excess.

Second generation: Inebriety, maniacal attack, paralysis.

Third generation: Hypochondria, melancholia, disgust of life, homicidal tendencies.

Fourth generation imbecility, idiocy, extinction of the family.

The fact is also recorded by Darwin that the families of habitual drunkards perish in the fourth generation.

Alcoholism is unnecessary, hence one of the avoidable causes of insanity.

Syphilis is one of the very important degenerative diseases and is by no means unimportant as a causative factor in insanity. It is contracted either by the victim or his parents, the disease being acquired by contact only. It is but natural to conclude that if the people generally were familiar with its evil

Digitized by Google

consequences and its wonderfully devastating tendencies, that a world-wide movement would be inaugurated, as a result of which its foci or dissemination would ultimately be wiped out.

There is no necessity for the acquistion or perpetuation of syphilis, hence it is one of the important causes of insanity which is avoidable.

Narcotics, worry, anxiety, sexual excess, masturbation, alcoholic indulgence, exposure of various kinds, exhaustion or neurestheníia (the so-called American disease), particularly the exhaustion due to our present day strenuous social and business life, most noticeable in the larger cities, are very largely unnecessary causes of insanity, and to a very great extent avoidable.

Heredity, the one vast and most important cause, will, no doubt, continue to exist, and for anything known at present may continue to the end of time, but personally I am too optimistic to believe it. Just what the remedy will be, or how and when it will be applied, we, of course, have no means of knowing. I believe, however, the time will come when the mating of fertil incompetents, e. g., an epileptic woman and a man suffering from paranoia, an imbecile and an epileptic, or the marriage of a confirmed drunkard and a neuro-psychopathic woman will no longer occur, and that men and women who have been confined for a definite period in an asylum as mental cases, or have suffered one or more unquestionable attacks of insanity, individuals suffering from epilepsy, imbecility, chronic alcoholism, and those with a marked inherited neuropathic or psychopathic tendency, and other incompetents, will be prevented from reproducing their kind, by the legalized practice of sterilization, apparently the only perfectly safe method, since such individuals cannot be prevented from mating and intercouse.

Five states in the Union at the present time have laws on their statute books legalizing under certain restrictions the practice of sterilization, and others will follow, and in the course of a few generations the seriousness of heredity may be very greatly lessened, if indeed it should not entirely disappear.

In our day the individual with an inherited neuropathic or psychopathic tendency may, it seems, with proper help and advice and training from childhood, and judicious living, move along to advanced age and to the end of his earthly career with no untoward mental developments, much as does the intelligent individual with a marked inherited tendency to consumption, who, knowing his extreme liability in that direction, avoids the

Digitized by Google

things which would be likely to develop in him pneumonia, or other acute or chronic pulmonary difficulties, and in that way live a useful and healthful life ,and go on to a ripe old age, unless perchance he should succumb to some acute intervening malady, in no way influenced by his dreadful hereditary tendencies.

DISCUSSION.

Dr. J. M. Aikin, Omaha:

Mr. President and Members of the State Association—It would be presumption on my part to offer adverse criticism to this well written paper by Dr. Kern. He has covered the ground so thoroughly that the time may be better utilized in other discussions. I simply want to refer to two or three things suggested by his paper. One is about the increase of insanity relative to the population, for I believe that is true, but because of our present facilities for the care of mental disorders and likewise of somatic diseases, the number of insane we care for now is relatively greater than the number treated ten, fifteen or twenty-five years since. We locate hospitals and the people accessible to those hospitals find their way into them, whereas if there be no hospital immediately contiguous to those who may be mentally defective if the aberration is not very pronounced, such patients will not find their way into those institutions. That does not invalidate the statement that insanity is increasing relatively more rapidly than the population of this country.

In a recent issue of the A. M. A. Journal it is stated that 25 per cent of the population of New York are foreign born, and that 75 per cent of the patients in the New York state hospitals for the insane are alien born—a suggestion for better alien exclusion laws both at the ports for setting sail and at the ports of entry into this country.

In the prevention of avoidable causes for mental diseases we must recognize the fact that the mind is a product of will acting on and through brain tissue, therefore integrity of the physical organ known as the brain is essential to normal mental acts. Anything that tends to pervert, weaken or destroy cells of the brain that have to do with what we call intellect, tends to pervert or disturb the normal mental activities of that person. It is axiomatic that an impairment of lung tissue interferes with respiration, or an impairment of the kidney interferes with its function, or that an impairment of any one of the vital organs interferes with the physiology of that organ. So, anything that will destroy the integrity of brain cells tends to destroy what we call the mind. As Dr. Kern has said, we must go back of the present generation. We cannot avoid the old truism stated by the doctor that the "iniquities of the fathers are visited upon the children, even unto the third and fourth generations." It is a fact that many times the conditions existing in grandparents lay the foundations for defective grandchildren. Science has shown that the fifth generation of iniquitous living is an impossibility because of lost virility. The Mosaic law stated facts we would do well to apply in our present day rules of health.

Dr. S. C. Beede, David City:

I want to say just a word about this most excellent paper of Dr. Kern's. It struck me this way, of the causes of insanity that are preventable Dr. Kern has mentioned three very important ones. Now, we know that already, through the efforts of the medical profession, legislation has been enacted in five different states according to the doctor's statements, looking toward the ending of this one cause of insanity. We know very well

Digitized by Google

that many efforts at restriction through the urging of the medical profession have been made to limit the spread of syphilis. Now, the question I want to ask is, has the medical profession as a profession taken the stand it ought to about the second of these preventable causes of insanity? Are we as a medical society, are we as physicians, occupying the position we ought to take on the question of alcoholism?

Dr. L. B. Pilsbury, Lincoln:

The picture is not altogether a black one. It seems to be perfectly true that more of the insane of all countries are being committed to hospitals than was formerly the case, and it is fortunately the case that most insane individuals who are insane during their procreative period are in hospitals the greater part of that time. It is unfortunately true that they do procreate sometimes when they are out on parole. In regard to the question of atavism and the observations that have been made it is found, I believe, that more or less defective individuals may have fairly normal children. It has been observed by Dr. Rosanoff and others who are working with him in the King's Park hospital in New York that apparently the Mendelian laws of inheritance apply to mental and nervous diseases and of course it may happen that the children of defective parents, if they be only one or two in number, may be fairly normal children. Where individuals with a certain amount of defect are mated it is only in a certain fraction, unless they are both abnormally defective, that their defects will reappear. A certain fraction will be capable of transmitting the defects to their children, if they have progeny, without themselves showing the defects; a certain other fraction, if the parents are not very defective, will be normal. This is an important observation. Dr. Rosanoff expresses the opinion that, owing to the fact that the most defective fraction of the progeny of the mated individuals in any given community will be in an institution during at least the greater part of their procreative period, the normal fraction will tend to rise in proportion throughout the whole country.

Dr. A. Johnson, Norfolk:

The doctor has certainly covered the field very thoroughly. There is one part of it, however, I wish he might have laid a little more stress on and that I wish the profession in general would lay a little more stress on and that is the matter of sterilization. We know that in our hospital we get a number of women that are suffering from the form of insanity called manic depressive. We also know that it is a curable form of insanity, but that it also recurs. Now, in our hospital I have in mind a number of cases, three or four, at least, some that have suffered periodically from this form of insanity for at least twenty-five or thirty years, and that during the intervals when they have been well enough to be either paroled or discharged, they have gone home, become pregnant and given birth to children and later on have come back to the hospital again and that this has occurred at least three different times in one case that I have in mind. Now, then, if this matter of sterilization were in practice, it certainly could have been done with no harm to the mother whatever and would have prevented the bringing into the world of children who, according to the doctor's statement in this paper, and I think it is true, the authorities claim 40 per cent to 60 per cent due to heredity—when this is taken into account we can reasonably predict the mental condition of these children that are born from a mother in the condition that I have mentioned. Therefore, I believe that the matter of sterilization is something that is of just as much importance as any other thing that can be brought out in the form of preventing insanity.

Dr. W. O. Henry, Omaha:

I want to congratulate the doctor on this very excellent paper and the

Digitized by Google

many good suggestions he has made in it, and I want to ask a question or two. First, is it a fact that the large cities give a larger percentage of insane in this country than the rural districts? Is that percentage enough larger than is to be accounted for by the fact that the large cities contain so much of the foreign element? The point brought out as suggested by Dr. Aikin.

Another question I would like to ask is this: Is the percentage of insanity very much larger in this country than in Europe? And if so, how is it accounted for?

The point made by Dr. Johnson is, I think, very well taken. For twenty-five years I have not hesitated to urge the importance of sterilization in every woman especially, as that is more in my line, but it is just as true of the men—the sterilization of eevry man or woman who has shown mental aberration, and it is just now that we, as a profession, are coming to see the importance of that thing and some of the states are beginning to adopt it. We ought to insist upon it in this state and the profession throughout the country ought to insist upon it. It does nobody any harm and it does generations to come an immense amount of harm not to do it.

The point emphasized by Dr. Beede is also well taken. It is very well to come here and make our resolutions and talk about the importance of chastity and the things which people are knowingly doing and that they are transmitting to their children so that those children will be forever ruined in body and mind and we simply say that they ought not to do it.

Dr. McConaughy, York:

One question I want to ask Dr. Kern is something similar to the one Dr. Henry ahs just asked, one that was running through my mind and I do not remember that Dr. Kern said anything about it especially, maybe he did, maybe I missed it. One of the preventable causes which I think perhaps he did not mention, although he may have, as I say, it is generally supposed that this strenuous American life of ours is one of the most prominent causes of insanity. Now, whether that is so or not, we are generally told that and a great many people believe it. Now, whether the strenuous American life is only doing more than we are able to do physically and then breaking down along a certain line—if we are weak in the pelvic region, I presume we might bring on that species of insanity or if we have a little weakness in the upper story it brings on a certain form of dementia or something of the kind and that is part of the question which Dr. Henry has asked. The strenuous life in the city—the large city, and whether there are more cases of insanity coming from larger cities or not, and another part of the question as to whether the foreign element produces more cases of insanity than the American, as of course the foreigners are the larger element in the cities. I believe that is so, so far as I can gather. We do not think we have much insanity in Nebraska and yet we have three large asylums overcrowded—perhaps we do not in proportion to some other states in the union, but I would like to know whether there is anything in this. Of course we often hear the statement made that work never kills, but I think it dose, especially if we are a little weak along some lines physically.

Dr. Pilsbury, in conclusion:

In reply to Dr. Henry's question I would say that it is the custom to make a physical examination in absolutely every case and that the pelvic region is not neglected. I think I said there was nothing abnormal in the pelvis in this case and the examination is made in every instance. This case probably belongs to a class which is little likely to depend upon a physical abnormality, pelvic or otherwise. It is a class that, except for the periodic or episodic cases, is usually regarded as permanent, progressive and incurable and not likely to be very much influenced by physical abnormality.

Digitized by Google

Dr. Kern, closing:

I have nothing to add except to refer to the matter spoken of by the doctors, and that is, I do not understand that the fact that an inidividual lives in the city and lives more strenuously perhaps, than the man who lives in the country—I do not think, in other words, that the fact that he lives in the city or anything else has anything to do with his going insane. It is just a matter of over endurance—everybody reaches his limit finally and some people will stand a great deal of this rapid life, while other people will not. I think I am right in this: that it is just reaching the point where we absolutely have no more endurance, that is all—exceeding our endurance, our ability to withstand. I think that is the only thing that accounts for the fact that we perhaps see more insanity about the cities. Then, of course, there are perhaps more business reverses or more poor people about the cities, more people who encounter hardships in life in the larger citis, Chicago, New York and those places, than around the moderate sized towns or the country.

Referring to Dr. Henry's suggestion, I do not understand that we have a larger percentage of insanity in this country than in Europe, but on the other hand very much smaller, and the statement made by Dr. Aikin is correct, as we all know, that a very large percentage of insanity in this country is met with in foreign people. There is another matter I would like to mention, but as I have only a few minutes to speak of the preventable causes of insanity, and that is the apparent increase in insanity. Certainly the increase in insanity, according to the records, in only recent, because twety-five years ago a lot of people who were insane were kept at home by their friends, while in recent years they are committed to hospitals. It is not uncommon in these days to have a man or woman only insane a day or two committed to the hospitals, and such people have a very much greater opportunity to recover than those who have been insane for six months and then committed to the hospitals. Such people cannot be cared for at home. It has been settled long ago that they cannot be.

BRAIN SYPHILIS.

In Vol. LXVIII, No. 4, the American Journal of Insanity, Francis M. Barnes, jr., discusses at some length the subject of mental disorders associated with brain syphilis. His conclusions are:

1. Syphilis may act as a modifying force upon a psychosis developing upon the basis of a formerly active mental disorder.
2. Many types of psychoses may be simulated by mental disorders caused by syphilis.
3. There is no mental symptom complex characteristic of syphilitic disease of the nervous system.
4. Paralysis, pareses and convulsive episodes may be absent in cases when mental disturbance is due to syphilis.
5. An intelligence defect of demonstrable extent is not in invariable accompaniment of cerebral syphilis.
6. The term syphilitic psychosis is to be used in the broadest sense to express the idea of the etiologic role which syphilis bears to the various psychotic states which may owe their origin to it.

JOSEPH M. AIKIN, Omaha.

CRADLE ROBBERS.

Two or three young men were exhibiting with great satisfaction, the results of a day's fishing, whereupon this young woman remarked very demurely:

"Fish go in schools, do they not?"

"I believe they do; but why do you ask?"

"Oh, nothing; only I was thinking that you must have broke n up an infant class."—Washington Star.

Digitized by Google

COUNTY SOCIETY EDITORS

E. G. BARNHARDT, M. D., Department Editor.

A. B. Anderson, M. D., Pawnee City, Pawnee Co.
S. M. Baker, M. D., Alma, Harlan Co.
E. D. Banghart, M. D., David City, Butler Co.
H. H. Bellwood, M. D., Alliance, Box Butte Co.
J. S. Blanchard, M. D., Kearney, Buffalo Co.
J. H. Boyes, M. D., Hebron, Thayer Co.
F. A. Butler, M. D., Harvard, Clay Co.
E. S. Case, M. D., Stockville, Frontier Co.
W. F. Conwell, M. D., Neligh, Antelope Co.
Rachel M. Cooper, M. D., Aurora, Hamilton Co.
J. W. Craig, M. D., Minden, Kearney Co.
W. L. Curtis, M. D., Fairbury, Jefferson Co.
Sidney Eastman, M. D., Belgrade, Nance Co.
W. F. Engleman, M. D., Grand Island, Hall Co.
A. P. Fitzsimmons, M. D., Tecumseh, Johnson Co.
C. P. Fordyce, M. D., Manley, Cass Co.
C. L. Hooper, M. D., Butte, Boyd Co.
S. R. Hopkins, M. D., Hastings, Adams Co.
F. A. Long, M. D., Madison, Madison Co.
Jno. I. McGirr, M. D., Beatrice, Gage Co.
F. J. McRae, M. D., Albion, Boone Co.
W. F. Mitchell, M. D., Superior, Nuckolls Co.
M. M. Newbecker, M. D., Ord, Valley Co.
A. P. Overgaard, M. D., Fremont, Dodge Co.
Syl. Person, M. D., Stanton, Stanton Co.
C. D. Piasecki, M. D., St. Paul, Howard Co.
D. T. Quigley, M. D., North Platte, Lincoln Co.
M. A. Quincy, M. D., Ashland, Saunders Co.
Howard W. Quirk, M. D., Crete, Saline Co.
D. J. Reid, M. D., McCook, Red Willow Co.
B. F. Richards, M. D., Crawford, Dawes Co.
H. P. Sheldon, M. D., Scottsbluff, Scotbluff Co.
L. H. Sixta, M. D., Schuyler, Colfax Co.
Hal C. Smith, M. D., Franklin, Franklin Co.
P. A. Sundbury, M. D., Holdrege, Phelps Co.
A. E. Wade, M. D., Lexington, Dawson Co.

NEBRASKA NOTES AND NEWS.

Dr. Taylor of Hebron has recently purchased a new residence.

Dr. E. S. Sparks of Kentucky located in Upland, Neb., May 1st.

Dr. E. C. Lynch of Scribner has been away on a short vacation.

Dr. Squires of Hebron, Neb., is erecting a new modern residence.

Dr. Johnson of Omaha is a new physician located in Bancroft, Neb.

Dr. N. F. Herron of Pender, was on the sick list for a week recently.

Dr. E. J. Fleetwood intends taking post-graduate work this summer.

Dr. M. H. Evans of Emerson has purchased a new Overland automobile.

Dr. W. E. Sparks of Kentucky has recently located in Bloomington, Neb.

Dr. Milbourne, formerly of Carleton, Neb., has located in Davenport, Neb.

Dr. Geo. Haslam of Fremont attended the A. M. A. meeting at Atlantic City.

Dr. Youngman's wife of Chester, Neb., has recovered from a recent illness.

Dr. Overgaard of Fremont has just recovered from an attack of appendicitis.

Dr. Skinner of Harvard made a trip recently to Waukisha, Wisconsin, with a patient.

Dr. D. J. Reid of McCook has purchased the Ebert property and fitted it into a hospital.

Dr. Daniel Jackson, a physician of Omaha, died May 13 at his home at the age of 68 years.

Dr. Warta of Ord has recently purchased a fine new Ford "runabout" to aid in his practice.

Drs. Hayman and Engleman of Grand Island have each purchased a new automobile recently.

Dr. P. D. Klein of Western, Neb., has removed to Sutton, where he succeeds Dr. E. E. Trabert.

The next meeting of the Franklin County Medical Society will be held in Campbell, Neb., on July 31st.

Digitized by Google

Dr. C. D. Barnes of Tecumseh, Neb., is home again much improved in health.

Dr. M. H. Newman of Cody, Neb., was married May 8 to Mrs. Kolls of Craig, Neb.

Dr. J. V. Artz of Hastings, Neb., contemplates removing to California in the near future.

Dr. Thurston of Burwell has just returned from a meeting of the Eclectic Association at Hastings.

Dr. D. M. Sayles, a graduate of Bennett Medical college of Chicago, is a new physician of Mt. Clare, Neb.

Dr. C. R. Hustead of Omaha has recentl ylocated in Rapid City, S. D., in partnership with Dr. P. J. Waldron.

Dr. C. A. Sorenson of Florence, Neb., suffered from a slight attack of typhoid fever the early part of June.

Dr. H. Y. Bates of Belgrade, Neb., is said to have removed to Fullerton, Neb., where he will practice medicine.

Dr. D. W. Irwin has been appointed pension surgeon at Auburn, Neb., in the place of Dr. C. F. Stewart, deceased.

Dr. J. M. Banister of Omaha attended the meeting of the Custer County Medical Society in Broken Bow on May 14.

Dr. Julius Lingenfelder of Bennington, Neb., has removed to Morrison, Mo., where he will take charge of a hospital.

Dr. Herman Kuntz of Fairbury, Neb., has removed to Seattle, Wash., where he will make his home in the future.

Dr. Mahaffey of Hildreth, Neb., has decided to sell his practice and has already bought a practice in DeWitt, Neb.

Dr. Jas. R. Kalar of St. Edwards had the radius of his right arm broken on June 19th, while cranking his automobile.

Dr. McNulty, after a year's absence, has re-located at Taylor, where he has practiced, off and on, for some years.

Dr. Trabert of Sutton, Neb., intends to spend the summer in Alliance, where he is extensively engaged in agriculture.

Dr. McDivitt of McCook will move into a new $5,500.00 house he is building on East 1st street about July 1, 1912.

Dr. G. E. Peters of Omaha has recently located in Bloomfield, Neb., where he will engage in the practice of medicine.

Dr. Muldoon of Araphoe was in McCook making arrangements for some patients to enter the McCook Hospital June 6th.

Dr. Liston of Elmwood, Neb., recently had a small tumor removed from the lower jay by Dr. J. B. Murphy of Chicago.

Miss Mabel Jenison, daughter of Dr. Jenison of Harvard, departed for a visit in Los Angeles, California, June 11th.

Dr. F. H. Longley, a pioneer physician of North Platte, Neb., died at his home the latter part of May at the age of 79 years.

Dr. J. E. and Mrs. Bowman of Litchfield, Neb., have located in Loup City, Neb., where both will engage in medical practice.

Dr. C. B. Coe has purchased the office fixtures of Dr. E. M. Barnes of Plainview, Neb., and will practice medicine in that city.

Dr. Paxton of Marquette, Neb., has disposed of his practice to Dr. Anderson of Central City and has returned to Archer, Neb.

Dr. F. E. Coulter of Omaha underwent an operation for appendicitis at St. Joseph's hospital on May 25. He is convalescing repaidly.

Digitized by Google

Dr. A. G. Emerson of Scotts Bluff and Dr. Sheldon of Scotts Bluff were in attendance on the state medical meeting at Lincoln in May.

Dr. P. C. Kelley of Alda is going to build a new, 36-bed hospital in Grand Island. The building will be four stories and basement.

Dr. Stewart of Mitchell, Nebr., attended the State Medical Convention in Lincoln as delegate of the Scotts Bluff County Medical Society.

The Hall County Medical Society held their regular meeting Wednesday evening, June 5th. Ten out of fifteen members were present.

Dr. B. L. Treynor of Council Bluffs was recently elected president of the Iowa State Medical association at the annual meeting at Des Moines.

Dr. Amesbury Lee of Pickrell, Neb., was married May 29 to Miss Cecil Anna Mayer of Beatrice. They will be at home after July 1 at Pickrell.

Dr. Chaloupka of South Omaha had a serious attack of typhoid fever the latter part of May and early part of June, but is making a good recovery.

Dr. Britt of Burwell is attending as delegate a meeting of the Knights of Columbus at Washington, D. C., where the unveiling of a statue will take place.

Dr. Latta of Clay Center purchased the Commercial Hotel building in that city, adding extensive improvements and is occupying it as an office and residence.

Miss Mary Sharpe of Scotts Bluff has been appointed registrar of vital statistics to succeed Grace Brown-Edgar recently resigned, and more recently married.

Dr. M. H. McClanahan of Omaha was honored by election to the position of third vice president of the American Medical association at its recent meeting in Atlantic City.

Dr. Buffington of Oak, Neb., was quite severely injured at Nora early in May by being thrown violently against the seat in a railway coach in which he was riding.

Dr. W. H. Taylor, for the past year an interne in Clarkson Hospital, Omaha, has entered into partnership with Dr. A. B. Somers and will specialize in obstetrics.

In the trial of Dr. Phillip Bartholomew of Blue Hill, Neb., for attempting assault on Miss Hyatt in Hastings last January, Dr. Bartholomew was acquitted of the charge.

Dr. and Mrs. F. E. Calkins of Fremont spent a short vacation with home folks at York and the Doctor found time to attend the State Convention of K. of P. at Lincoln.

Dr. W. H. Higgs of Eveleth, Minn., has recently located in Alliance, Nebr. He will be associated with Dr. H. H. Bellwood in the general practice of medicine and surgery.

Dr. Emerson of Scotts Bluff has built a commodious brick building upon his residence lot which looks to his Scotts Bluff neighbors like a garage, although the doctor insists that it is a hoss barn.

Dr. J. W. Stevenson, Sheridan, Wyo., was married May 15 to Miss Blanche Campbell, a teacher in the Omaha public schools. They will make their future home at Palouse, Wash.

Dr. Palmer Findley, a prominent physician of Omaha, was elected member of the counsel of the American Gynaecological Society at its meeting in Baltimore the latter part of May.

The Elkhorn Valley Medical Association will hold a summer meeting at Fremont on July 17. The sessions will be at the country club where a banquet will be served at 12:30 p. m.

Digitized by Google

The Physicians Casaulty association of Omaha, after successfully conducting a mutual accident association for more than ten years, has decided to enter the health insurance field also.

Among those who testified at the Flange trial were Dr. J. R. Graham of Allen, Dr. Neppzenger of Wayne, Drs. Mers, Healey and McCue of Sioux City, and Drs. Hekteon and Haines of Chicago.

Boone County Medical Society held a very successful meeting in St. Edwards, Wednesday, June 19th. Arrangements were made for a splendid meeting to be held in the same place in November.

Dr. J. F. Lauvetz, president of the Saunders County Medical society, is in New York attending the New York Post Graduate school. He is accompanied by Mrs. Lauvetz and willl be gone for several months.

Dr. M. G. Welsh, assistant physician at the Nebraska state prison, severed his connection with the institution the latter part of May and has gone home to Haigler, Neb., where he will practice medicine.

Dr. M. W. Baxter of Hastings, Neb., met with an accident early in May while out riding with Dr. Greenman of Lincoln. He was thrown from the automobile and sustained injuries that laid him up for some time.

Dr. A. L. Muirhead, editor of the Western Medical Review, is spending a few weeks in Belgrade, Nebr., where he is taking care of the mdical work of Dr. S. Eastman, who is taking post graduate work in Chicago.

Dr. W. L. Dayton, after twenty-five years in the same office, has removed to Suite 300-1-2 Funke Building, to escape the noise of O street traffic. Drs. Dayton and Williams are now located at the above address.

Dr. A. J. Warta, formerly of Sargent, Neb., is now visiting friends and relatives in Ord. The doctor has just returned from the east, where he spent a year in post graduate studies and work in hospitals in Philadelphia and New York. He is now taking a much needed rest before locating in Omaha where he will practice his specialty of diseases of the eye, ear, nose and throat.

The four county societies held their semi-annual meeting at Emerson. About fifty doctors and their wives were present. The papers and discussions were practical and interesting. After the program a banquet was served by the ladies of the Presbyterian church. Officers for the ensuing year are: President, J. A. Maronde, of Emerson; vice president, C. S. Cook, of Randolph; secretary and treasurer, John Burs, of Pender, was re-elected.

Dr. Prest of Comstock recetnly had an accident in which he was seriously injured. While returning from a call he passed a team hauling a load of wheat. The horses became frightened at the doctor's motorcycle and started to run away, throwing the driver under the wagon. The doctor in attempting to stop the team was also thrown under the wagon which ran over him, fracturing the pelvic bones and otherwise injuring him. The driver escaped with a broken leg. It is not known as yet how the doctor's injuries will terminate.

INTERNSHIPS FOR CREIGHTON GRADUATES.

The following 1912 graduates of Creighton Medical college, Omaha, were successful in securing positions as internes in hospitals.

St. Joseph's Hospital, Omaha—Drs. J. W. Duncan, J. R. Dwyer, F. G. Kolouch, W. J. Kavan, E. S. Geesaman and J. E. Trierwieler.

Holy Cross Hospital, Salt Lake City—Dr. L. F. Castle.

Judge Mercy Hospital, Salt Lake City—Dr. J. J. Galligan.

St. James Hospital, Butte, Mont.—Drs. J. B. Grace and W. E. Long.

St. Vincent's Hospital, Portland, Ore.—Dr. E. S. Donnelly.

Digitized by Google

St. Mary's Hospital, Minneapolis—Dr. Leo Maguire.

Cleveland Steel Works, Cleveland, O.—Dr. E. L. Hawkins.

St. Anthony's Hospital, Denver.—Drs. H. G. Hurtig, P. B. Macauley, W. E. Mogan and Hoffman.

Mercy Hospital, Council Bluffs—Dr. Dunn.

Douglas County Hospital, Omaha—Dr. Charles Needham.

General Notes and News.

Dr. E. W. Foster, Worland, Wyo., has disposed of his practice and good will to Dr. C. A. Penman of Chicago.

At a meeting held at the Baptist hospital, Kansas City, recently, the East Side Medical association was organized.

Dr. William F. Breakey, Ann Arbor, for forty-four years a member of the medical faculty of the University of Michigan, resigned April 25.

Dr. C. C. Haskell of the pharmacological department of Eli Lily & Co. was in attendance at the Atlantic City meeting of the American Medical association.

Dr. F. L. Watkins of the Minnesota state board of health is taking vigorous and somewhat drastic measures to compel physicians to report vital statistics as required by law.

Under an order from the health commissioner and superintendent of police, smoking on trolley car platforms was discontinued on and ofter Sunday, June 21, at Buffalo, N. Y.

The work of construction of the North Dakota State Tuberculosis Sanatorium at Dunseith has been commenced and the institution will be ready to receive patients in the early fall.

Dr. Orville Horwitz has resigned as professor of genitourinary diseases in Jefferson Medical college after an incumbency of more than twenty years. He has been elected emeritus professor.

A clinic for the psychological study of defective children has been established at the University of Colorado Medical School, Denver. Dr. George Neuhaus is in charge of the new department.

It is announced that the government proposes to transfer the leper colony of Guam to the Philippines, where the Island of Culion has already been assigned, and is in use as a leper colony.

The introduction of compulsory insurance against sickness and industrial accidents has been repeatedly voted down in Switzerland, but by a recent referendum vote it was finally adopted by a small majority.

Each of the Twin Cities has a quite remarkable way of duplicating what the other does. St. Paul has an alleged abortionist on trial, and Minneapolis has one under arrest with the date of trial set. There is apparent room for more duplication along the same line.

About sixty cases of scarlet fever are said to have been reported at Rochester, Minn., and it is said that three or four times that number exist, but have not been reported. The disease is of a mild type. Dr. Charles H. Mayo has been appointed health officer of the city, vice Dr. A. O. Adams, resigned.

A recent survey of Indiana by Dr. W. F. King, assistant secretary of the state board of health, shows that the death rate from tuberculosis is greater in counties bordering the Ohio river than anywhere else in the state, Crawford county heading the list with a death rate from this disease of 272.4 per 100,000.

Digitized by Google

Plans are being made for the permanent endowment of the social service department of the University hospital, Philadelphia, as a memorial to Dr. John H. Musser, who founded this department and did much to carry on the work. Steps have been taken toward the collection of the fund, which it is expected will amount to at least $50,000.

The South Carolina Medical Association, at its annual meeting, decided to take active part in securing the necessary funds for the erection of a suitable monument, in memory of the late Dr. Marion Sims. A bill was passed by the legislature appropriating $5,000 for this purpose, provided an additional $5,000 was raised by the citizens of the state.

At a meeting of the Detroit Academy of Medicine, April 23, a resolution was unanimously adopted setting forth that Article VI Section 4 of the Principles of Ethics, which refers to payment of commissions, be approved by the Detroit Academy of Medicine and that any member convicted of this offense before the board of directors be expelled from membership.

The railroad commission has cited every railway doing business in Mississippi to appear before the commission May 7, and show cause why the windows of every passenger coach should not be screened, why sanitary closets should not be built at every stopping place where there is no sewerage system, and why those located in towns with a sewerage system should not be kept in sanitary order.

The practice of nurses, interns and orderlies in fire drills kept more than two hundred patients at the Wesley hospital, Chicago, from panic May 3. The fire broke out on the upper floor of the institution. The nurses, as is provided in the fire drill, went directly to the beds, the orderlies followed to assist, while the interns went to the seat of the fire and used the hospital's apparatus to keep the flames under control until the firemen arrived.

DR. WILEY'S GONE AWAY

The little germs that hide in cheese,
  In butter, eggs, sardines and teas
All dance the Turkey Trot today—
  Dr. Wiley's gone away.

The busy little microbes all
  That wait the Grim Destroyer's call
Are happy, care-free, blithe and gay—
  Dr. Wiley's gone away.

We'll just sit down and starve to death,
  Afraid almost to draw our breath;
Don't ring the dinner bell today—
  Dr. Wiley's gone away.

—W. H. James in St. Louis Post Dispatch

There was a most determined look in her eye, however, as she marched into the optician's shop.

"I want a pair of glasses immediately," she said, "good, strong ones. I won't be without them for another day!"

"Good, strong ones?"

"Yes, please. I was out in the country yesterday, and I made a very painful blunder, which I have no wish to repeat."

"Indeed! Mistook an entire stranger for an old friend, perhaps?"

"No, nothing of the sort. I mistook a bumble-bee for a blackberry."

Digitized by Google

SOCIETY MATTERS.

PROCEEDINGS OF THE HOUSE OF DELEGATES OF THE NEBRASKA STATE MEDICAL ASSOCIATION.

Lincoln, Nebraska, Tuesday, May 7, 1912.

FIRST SESSION.

The House of Delegates of the forty-fourth annual convention of the Nebraska State Medical Association met for its first session at the Lindell hotel at 11 o'clock a. m. Secretary Aikin called the meeting to order and introduced Dr. A. D. Nesbit, of Tekamah, President of the Association, who assumed the chair.

Dr. Nesbit: Fellow Delegates, I thank you very much for this honor which you conferred upon me a year ago, and I hope this year we will have one of the best societies that we have ever had. There is a great amount of work to do, and we shall all need much patience, but we want to give it our serious attention. Important matters will be presented which you have not had to consider for a number of years and which will need your undivided attention.

Roll call by the Secretary showed the necessary quorum present for the transaction of business.

The President called for the reading of the minutes. Dr. von Mansfelde moved that inasmuch as each member is in possession of a printed copy of the proceedings, the reading of the minutes be dispensed with.

The motion was seconded and carried.

The election of a president pro tem being in order, Dr. Weber of Saunders county placed in nomination Dr. von Mansfelde of Ashland. No other nominations were made, and on motion, duly seconded, Dr. von Mansfelde was unanimously elected.

The following reports by the Recording Secretary, the Treasurer and the Corresponding Secretary and Librarian, were read by those officers respectively, and each in turn was referred to the auditing committee.

Report of Recording Secretary.

Lincoln, Neb., May 7-8-9, 1912.

Nebraska State Medical Association, House of Delegates:

In December, 1911, I was appointed to fill the unexpired term of our deceased Secretary, Dr. A. D. Wilkinson. Any report I can make is necessarily fragmentary, if not incomplete.

The records placed at my disposal do not show credits and disbursements of any moneys belonging to state dues and defense fund accounts.

They do show official receipts from Treasurer A. S. von Mansfelde from May, 1911, just subsequent to the annual session and prior to my appointment in December, 1911. The amount of state dues represented by said receipts is $214.00, and of Defense Fund $59.00, a total of $273.00. Your Acting Secretary has received state dues for 1912 to the amount of $1,768.00 and for arrears state dues $10.00, a total of $1,778.00, and Defense Fund to the amount of $356.00, a total of $2,134.00. The $273.00 received by Dr. Wilkinson plus $2,134.00 by your Acting Secretary equals $2,407.00 collected from May, 1911, to May, 1912.

Your Acting Secretary bought a cash book and made entries by counties of all moneys received and paid out. All moneys except drafts or checks

Digitized by Google

payable to Treasurer received by your Acting Secretary were deposited in the Omaha National Bank in account with the Nebraska State Medical Association. Letters of advice with checks on the Omaha National Bank covering the several amounts from each county, were day to day written and mailed to our Treasurer, who promptly remitted duplicate receipts. The original receipts are on file in your Recording Secretary's office, but the copies have been mailed with county and Defense Fund receipts and membership cards to each County Secretary entitled to them. The cash book is now ready for your Auditing Committee. In the day book of receipts and expenditures for the office of Recording Secretary are noted credits for $200 for office expenses for the year ending May, 1912. These records likewise show disbursements from May, 1911, to December, 1911, the date when your Acting Secretary assumed the office, of $18.50. Since no part of the above original appropriation was conveyed with the effects of the office to the keeping of your Acting Secretary, a deficit existed. To supply this need of funds your Acting Secretary—by direction of our Trustees met in called session—drew an order on State Treasurer, A. S. von Mansfelde, for an amount equalling the unexpended part of the $200.00 appropriation for office expenses, which amount, $181.50, was promptly paid and has been credited in the day book records of the office. Also by order of the Board of Trustees, an order was drawn and paid for $83.33, representing 5-12 of the appropriation for salary as shown by the minutes for 1911, of Recording Secretary for the year ending May, 1912. The appropriation for salary was placed to my personal account, hence does not appear in the footings of this report. So far as known to your Acting Secretary there are no outstanding bills, though the Local Committee on Arrangements may later present some claims.

The expenditures of the office from May, 1911, to May, 1912, total $162.84. During the five months your Acting Secretary has conducted the office, all accounts were paid by checks on the Omaha National Bank, against the amount on deposit for that special purpose. The itemized statements, and check stubs, are on file for examination by your Auditing Committee. Supplies necessary to the proper correspondence, and keeping of records in your Recording Secretary's office, need replenishing in amount equal, if not beyond, the $37.16 balance in the bank, May 4, 1912.

Total receipts for year ending May 4, 1912—		
State dues	$1,992.00	
Defense dues	415.00	
Appropriation for office expenses for year ending May, 1912	181.50	
		$2,588.50
Disbursements—		
To Treasurer A. S. von Mansfelde	$2,407.00	
To office expenses	144.34	
Balance in bank as per check appended	37.16	
		$2,588.50

Respectfully Submitted.

JOSEPH M. AIKIN,
Acting Secretary.

Treasurer's Report.

From May 2, 1911, to May 7, 1912.

Balance on hand as per last report		$1,774.76
Balance from Secretary's Expense account		42.85
Balance from Treasurer's Expense account		7.52
Balance from Corresponding Secretary's Expense account		5.00
Balance from Legislative Committee		40.14
Dues from 108 members in 1911	$ 216.00	
Dues from 884 members in 1912	1,768.00	
Dues from 5 members in arrears in 1911	10.00	$2,089.51
		$3,864.27

Digitized by Google

Disbursed as per vouchers Nos. 158 to 183 inclusive and duly endorsed by the President and Secretary and paid by checks Nos. 129 to 153 and herewith submitted		2,276.51
Balance on hand May 6, 1912		$1,587.76
On deposit at close of bank May 6, 1912, in National Bank of Ashland		$1,587.76

THE DEFENSE FUND.

Balance on hand May 2, 1911		$ 984.55
Dues from 60 members in 1911	$ 60.00	
Dues from 356 members in 1912	356.00	416.00
Total amount		$1,400.55
Paid out by voucher 5	$ 20.00	
Paid out by voucher 6	35.00	
Paid out from Expense account (stamps)	4.50	55.00
Balance on hand May 6, 1912		$1,345.55
On deposit in National Bank of Ashland (see Cashier's Certificate herewith)	$1,221.50	
Cash on hand	124.05	
May 6, 1912, balance on hand		$1,345.55

Your treasurer takes the privilege of drawing your attention to a committee report, page 321 Western Medical Review 1911, in which the following language occurs: "and in event that the proceeds are not sufficient to cover the expenses of the Association that an amount not exceeding one dollar per member per annum may be levied against the State Association." This would establish a dangerous condition. The report ought to have read: "may be levied against each member of the State organization and when collected by the Treasurer be transmitted to the Treasurer of the American Medical Association.

To the death of our Secretary, Dr. A. D. Wilkinson, nothing had been done in regard to the suggestion contained in the report of the Auditing Committee, Page 317 West. Med. Review, 1911, and adopted by this House, in regard to the printing of proper order blanks and proper forms of checks, drafts, et cet, providing for a proper vouching for all moneys at their source and destination.

I suggest that this report be readopted and made part of the Proceedings of this House at its present session. A proper order blank has been kindly furnished by the Western Medical Review free of charge to all County Secretaries and is hereby made a part of this report.

No. 123. $36.00

Wm. Smith. (.....) County Medical Society.

Division of

NEBRASKA STATE MEDICAL ASSOCIATION

February 30th, 1910.

Pay to the order of the Treasurer of the Nebraska State Medical Association, Thirty-six and no-100 ..... Dollars.

(With Exchange.)

Account of	
Dues No. 12 Members	$ 24.00
Defense Fund No. 12 Members	12.00
Miscellaneous	
Total	$36.00

Digitized by Google

By order of Wm. Smith, County Medical Society to John Black, M. D., Treasurer.

Address Smith Center, Neb.

James Brown, M. D., President.
Thomas Green, M. D., Secretary.

Make all Drafts, Express or Money Orders payable to the Treasurer, State Medical Association.

I believe that the Western Medical Review is sent to physicians after they have been suspended for non-payment of dues, entailing thereby an expense on the State Association unduly heavy and unjust. It seems to me that the County Secretaries should be held responsible for this loss of money, by not promptly notifying the Secretary of the State Association of such occurrences and the latter ought to be himself held liable in case County Societies fail to pay their annual dues. In both cases the Western Medical Review ought to be promptly discontinued after proper notice has been given that this will occur if payment is not made.

The bond of the Treasurer will terminate May 19th, 1912, and for its renewal an appropriation of ten dollars will be required.

Very Respectfully Sumbitted,

A. S. v. MANSFELDE.

P. S.—These criticisms are not intended to reflect on present officers, but are covering offenses of past years. Attention is also drawn to the fact that on January 1st the State had 2,327 regular physicians duly licensed, and not one-half of them belong to county societies, a state of things which is deeply to be deplored.

REPORT OF CORRESPONDING SECRETARY AND LIBRARIAN

In submitting the annual report of the Corresponding Secretary and Librarian there are a few important points to which it seems necessary to call the attention of the House of Delegates and the Members of the Association.

In the first place, shortly after the adjournment of the Society last year, and without previous warning, the Librarian at the State University served notice that the University of Nebraska would no longer care for the medical collection of the Nebraska State Medical Association. Some years before, in response to a suggestion by Chancellor Andrews and Dr. H. B. Ward (at that time Dean of the College of Medicine,) our collection of medical literature was deposited at the University by action of the House of Delegates, with the understanding that the University should provide permanent care for the Library.

Upon receipt of this notice last summer from the present University Librarian the Librarian of this Society immediately communicated with Chancellor Avery, who replied that action in regard to the matter could be deferred to give time for some arrangement to be made for the disposition of our Library. In spite of this understanding, however, our Library was boxed up and removed to the basement of the Historical Society building in another part of town without the consent or approval of the Librarian of your Society and without an opportunity even for consideration of the claims of our Library to a permanent place at the University.

In view of all the circumstances your Librarian would recommend that steps be taken whereby the Library may be either reinstated at the University Library or that arrangements be made for it to become a part of the State Library at the Capitol Building in Lincoln. If arrangements are made to enlarge the Capitol Building, or if the present building for the Historical Society is completed so as to provide quarters for the State

Digitized by Google

Library it is likely that suitable housing and care could be provided for our Library so that it might become a permanent institution under satisfactory conditions.

We have accumulated during the past few years a fine collection of periodicals, both bound and unbound, and many medical works of both scientific and historical value. Other societies and educational institutions have expended much more money in gathering together smaller libraries and less valuable books than we already have. Three important contributions have come to the Library during the past year. The first of these was sent in by Dr..... The second was a benefaction of all the medical books belonging to Dr. A. D. Wilkinson, for many years our Secretary, and which contained a considerable number of valuable books as well as bound volumes of important medical proceedings and medical periodicals. The third was received recently from Dr. E. R. Fletcher, of St. Paul.

All of thes books recently acquired (about six hundred volumes in all) should immediately be given the attention of a cataloguer and duly entered in our accession book and catalogued so that duplicate volumes received could be distributed to other places. Negotiations are in progress for placing some of our duplicates on the shelves of the medical department of the Omaha Public Library. Other important contributions of medical works have been promised to us.

In conclusion your present Corresponding Secretary and Librarian wishes to thank the members of the House of Delegates and of the Association for the assistance and co-operation in the building up of our Library during the eleven years of his service and to express the hope that in electing his successor larger provision will be made in a financial way for the care of the Library and the building up of this important part of the work of the Association.

The report of the finances of this office for the past year are as follows:

Received from Dr. A. S. von Mansfelde, Treasurer.....		$75.00
Expenses of stenographer	$18.00	
Postage, stationery, etc.	5.00	
Freight, drayage, express, etc.....	15.00	
	$38.00	
Check herewith	$37.00	
	$75.00	$75.00

Respectfully submitted,

H. W. ORR,

May 7, 1912. Corresponding Secretary and Librarian.

At the request of President Nesbit the chair was hereupon assumed by President pro tem Dr. von Mansfelde.

Dr. W. H. Wilson read the following report of the committee on public policy and legislation, and on motion the same was referred to the Board of Councilors.

The Secretary of the committee on public policy and legislation submitted the following financial report, and the same was referred to the auditing committee.

REPORT OF COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

Your Committee on Public Policy and Legislation ask leave to submit the following: In its report a year ago, your committee in accordance with instructions from this society was pleased to be able to report that it had earnestly worked for the submission of a constitutional amendment for a board of control for our state institutions and that such proposed amendment had been passed by the legislature and submitted to the people for

Digitized by Google

ratification. In line with its efforts for this submission, your committee recognized that the next step toward success in accomplishing this much to be desired amendment was to have it endorsed at the primaries by both the great political parties of the state, so that it might occupy a position of vantage on the ticket of each party at the November election. In order to assist as much as possible in getting such party endorsements at the April primaries, your committee sent letters to practically all of the practicing physicians of the state a few weeks preceding the primary election, reminding the recipient of the importance of not only working and voting for the proposed amendment but of stimulating as much as possible his friends to interest themselves on the subject. It is gratifying to be able to report that both the large political parties gave handsome majorities in favor of this amendment, so that the outlook for its final ratification at the fall election is exceedingly bright, yet your committee would recommend and urge that each member of this society constitute himself a committee of one to do what he can in his community toward having the amendment adopted at the fall election.

Your committee has been giving some thought and attention to the subject of sterilization of defectives in our feeble minded institution and some classes in our penal institutions and your committee is of the opinion that the time has arrived when this state, in the interests of society and future generations, should have a law along such lines. Your committee would therefore recommend to this society that this subject be taken up and given careful consideration and instructions given your committee as to what action it shall take on this subject at the coming session of our state legislature. Indiana, Iowa, and some three or four other states now have legislation along this line and from the information obtained by this committee it is of the opinion that vasectomy in the male and probably a kindred operation in the female has been demonstrated by science and experience to have rather a beneficial effect than otherwise on the individual and that it will do much toward the betterment of society and the advancement of mankind in the future.

There is pending in the United States, a bill, Senate file No. 1, commonly known as the Owen bill, which in substance provides for a national board of health on a par with the other great cabinet departments of our government. Believing that such a measure is a long step forward in the conservation of public health, the greatest asset of this or any other nation being the health of its people, therefore your committee most earnestly urges that this society put itself, most emphatically, on record as favoring the passage of the Owen bill and that it take such action as may be deemed necessary and most effectual to interest the senators and congressmen of Nebraska in behalf of this bill to the end that they may lend their best endeavors for its passage.

All of which is respectfully submitted.

W. H. WILSON, Chairman.

STATEMENT OF EXPENSES OF COMMITTEE ON PUBLIC POLICY AND LEGISLATION, NEBRASKA STATE MEDICAL ASSOCIATION.

Circular letters	$ 7.55	
Postage and envelopes	25.00	
Stenographer	5.00	
	$35.55	
Check herewith	62.45	
Received from Dr. A. S. von Mansfelde, Treasurer		100.00
	$100.00	$100.00

Digitized by Google

Upon request, Dr. W. H. Wilson was granted the privilege of the floor. Dr. Wilson said: I think it highly important that the Nebraska State Medical Association go on record on the subject of the Owen bill now before the Congress of the United States, and which will come up before the Senate for final disposition, probably between now and the last of June. Without waiting for too much formal action, I think it would be well for petitions to be prepared by morning at least, and that every member who attends this meeting sign such petitions. The petitions should be made to Senators Hitchcock and Brown and should be emphatic in putting the society on record in favor of the passage of this bill.

Last week the State Homeopathic Society went on record as opposed to the measure. But all the irregulars, the quacks, and the charlatans are going on record against the bill and I believe we should put ourselves on record strongly in its favor, and each one in our several communities endeavor to get petitions sent to our senators along this line. I understand that Senator Hitchcock has petitions on file signed by 3,000 irregulars and others in this state asking him to oppose the measure, and what can we expect if we lie down supinely and do nothing. In the interest of humanity I believe we ought to be busy and to be busy at once.

Dr. von Mansfelde also made a strong plea for the measure and for vigorous action on the part of this Association in its behalf.

Dr. Orr, presented the following report of the committee on prevention and care of contagious diseases, and the report was referred to the council.

REPORT OF THE COMMITTEE ON THE CARE AND PREVENTION OF CONTAGIOUS DISEASES.

In submitting the report of the Committee on contagious diseases of the Nebraska State Medical Assocfation for the year 1911-1912 the Committee is obliged to confess that it has engaged in no particular line of activity during the past year. Having exerted an influence in securing the appropriation of $50,000 for the establishment of a state hospital for the tuberculous, however, the Committee has naturally had an interest in the inaugurating of the work of this new institution.

One of the members of the Committee has had repeated conferences with those directly concerned in the establishment of the Hospital and has visited the new institution. The Committee desires to go on record as endorsing the steps already taken, which consist of the purchase of a building and grounds at Kearney, Nebr., and the construction of a pavilion which will cost, when completed, about $15,000. Some twenty patients have been received at the institution and a report of the work so far done will be made at this meeting by Dr. L. M. Stearns, medical officer of the Hospital. In this connection the Committee desires particularly to commend the interest and activity of Hon. E. B. Cowles, Commissioner of Public Lands and Buildings and Chairman of the Board. Mr. Cowles has devoted much time and energy to the launching of the new institution and he and the other members of the Board, Hon. Addison Wait, Secretary of State; Hon. W. A. George, State Treasurer; and the Hon. Grant Martin, Attorney General, should receive the thanks of this Association for the splendid beginning which has been made toward the adequate care of the tuberculus of our state.

It is recommended by this Committee that physicians throughout the State take an active part in the diffusion of knowledge regarding this new institution. Partly on the recommendation of this Committee the State Board is accepting the incurable of these patients as well as those who may be benefitted by treatment. This we regard as essential in such a state

Digitized by Google

institution for it removes to a proper environment those who are most responsible for communicating infection to those who are well. Physicians more than anyone else should be the means of carrying information to patients in Iowa and which your Committee desires to urge upon the pro-

Physicians everywhere should also interest themselves in the protection of this institution from unwise and undeserved criticism on the part of the press. Recent statements have been given publicly by the newspapers which emanated from disgruntled and irresponsible patients and employees at the new institution. These statements unfortunately are put into print without proper investigation and prejudice many patients who might be greatly benefitted by going to the Hospital.

One of the members of this Committee had the pleasure of hearing Rev. Kepford, the official lecturer of the Iowa Board of Health on the subject of Tuberculosis. Rev. Kepford delivers a very strong address and his lectures up and down through the State of Iowa must do a tremendous amount of good to the people at large. He is also undoubtedly a very great factor in the building up of their state tuberculosis hospital. Two other important factors which have a bearing upon the care of tuberculosis patients in Iowa and which your Committee desires to urge upon the profession and people of Nebraska are the State Health Laboratory and the State Tuberculosis Dispensary. The Tuberculosis Dispensary at Des Moines not only provides care for a great many deserving patients, but directs a great many patients to the State Tuberculosis Hospital where they are segregated and given an oportunity to recover. The State Health Laboratory provides an opportunity for the early diagnosis of these cases, one respect in which Nebraska physicians are far from as accurate as they should be, and provides for the diagnosis of diphtheria and other germ diseases, the examination of water and milk for typhoid and performs other important services for the profession and the people of the state.

It is urged that the Nebraska State Medical Association take immediate and active steps toward inaugurating a campaign in the next legislature for providing the state with a health laboratory to perform these functions and with a state lecturer on prevention of disease.

We believe that much injustice has been done to unfortunate sufferers from tuberculosis by the spreading of false ideas on the subject by ignorant persons and recommend that the Nebraska State Medical Association take steps to educate the laity to the fact that a clean tuberculosis person is not dangerous to those with whom he lives and that a well regulated hospital for tuberculous is a benefit rather than a danger to a community.

The Committee on Tuberculosis is anxious and willing to co-operate with other suitable agencies in the education of the public along these lines and in accomplishing these results already referred to.

All of which is respectfully submitted,

May 7, 1912. H. W. ORR, Chairman.

The following report of the committee on medico-legal defense was submitted by Dr. von Mansfelde and was referred to the Council.

Your committee on Medico-Legal Defense beg leave to report:

That during the year 1911-12 we have had but one case of malpractice brought to our attention and that same is now in the District Court of Douglas County for trial some time in the fall of this year, if we do not succeed in its adjustment out of court, which it has been our good fortune to achieve in every case since this Committee was created.

The defendant in the above case is insured in two Casualty Companies outside of our state. Your Committee with the full consent of the defendant and to his satisfaction, has joined issue with these companies and one of their attorneys has charge of the case and your defense fund will bear only one-third of the cost of defense.

Digitized by Google

The Committee, as you have ordered, has printed the By-Laws governing the Defense Fund and the report of the Committee for the year 1910-11. We have sent a copy to each member by the hand of the Secretary of respective County Society. We have some of the pamphlets still on hand and will gladly send them to new members, or such of you as may have use for an additional copy. The cost of printing and postage amounted to Twenty-four and one-half dollars, which amount was provided for by an order of the last House. The fund is still growing.

We had an outlay of attorney's fees of ..... $ 35.00
And the printing above referred to 24.50

In all ..... $ 59.00

The present balance of the fund is represented by the snug sum of One Thousand Dollars.

Very respectfully submitted,

North Platte.
JOSEPH M. AIKIN, Omaha,
Secretary.
A. S. von MANSFELDE, Ashland,
Chairman.

Dr. Von Mansfelde presented the following report for the Committee on Revision of By-Laws, and on motion, duly seconded and carried ,the same was received and laid over for one day under the reules.

REPORT OF THE COMMITTEE ON REVISION OF THE BY-LAWS.

Your Committee appointed at the last annual meeting for the purpose of revision of the By-Laws of the Association beg leave to report:

We addressed the following to every member of the Association:

As the By-Laws of a society are, more or less, the tools by which an intelligent membership expects to score its success, it cannot be supposed that a committee of four will attain perfection in revising such an important document.

The undersigned therefore urge upon the members of the Nebraska State Medical Association their privilege, nay, their duty, to advise us of their wishes and ideas of what they think should be added to or taken from the By-Laws, or modifications made to bring this document up to their desire.

We will certainly feel ourselves indebted for the great help we will thus receive.

The net result was: Some suggestions from the President of the Association which are duly inserted in the revision. We trust, however, that our appeal has, at least, aroused an interest on the part of the members of this House of Delegates in this all important matter and that you will give it the attention it certainly deserves.

We have included in their proper places By-Laws adopted from 1903 to date. New matter and changes of old By-Laws will be pointed out, as the revision comes before you for discussion and final disposition.

Your Committee has prepared a table of the number of inhabitants of the old Councilor Districts and of the counties composing them and also of the present number of citizens according to the census of 1910 of each one of them. It will be observed that with very few exceptions the number of inhabitants has changed little and a rearrangement of the old councilor districts seems almost futile, but it seems to us that this could be readily accomplished by an increase of the number of Councilor Districts by dividing most of them in accordance with the facilities railroads afford for easier intercourse than now is possible. We advise that this matter be

Digitized by Google

taken up by the Council at this session of the House. If you deem this advisable your Committee stands ready to give such assistance as is in its power.

In conclusion we regret to note that one of our Committee, Dr. A. D. Wilkinson was removed from our circle December 5, 1911 by death, we were thus deprived of his valuable assistance.

Your Committee respectfully move the adoption of the following motions:

That the By-Laws as revised and read be adopted.

That the Councilor Districts are hereby ordered to be redistricted by the Council and made part of the revised By-Laws, herewith adopted.

Very respectfully yours,

E. A. STEENBERG, Aurora.
F. A. LONG, Madison.
ROBERT M'CONAUGHY, York
A. S. von MANSFELDE, Ashland.

President Nesbit appointed the following auditing committee: Dr. M. A. Quincy, Dr. V. Lucas, Dr. S. F. Sanders, Dr. L. M. Shaw, Dr. J. P. Gilligan.

On motion the House of Delegates adjourned until Wednesday morning, May 8, at 7:30 o'clock.

HOUSE OF DELEGATES.

SECOND SESSION.

Lincoln, Nebr., Wednesday, May 8, 1912.

At 7:30 on the morning of May 8, Dr. Von Mansfelde called the House of Delegates to order for its second session. A quorum was present.

The following members of the nominating committee were named by the districts and ratified by the House:

1st. District. Dr. B. W. Christie, Omaha.
2nd. District. Dr. E. W. Rowe, Lincoln.
3rd. District. Dr. S. E. Yoder, Wymore.
4th. District. Dr. F. H. Nye, Plainview.
5th. District. Dr. G. A. Langstaff, Blair.
6th. District. Dr. E. A. Steenberg, Aurora.
7th. District. Dr. J. A. Trowbridge, Superior.
8th. District. Dr. J. P. Gilligan, O'Neill.
9th. District. Dr. B. R. McGrath, Grand Island.
10th. District. Dr. N. T. Johnston, Upland.
11th. District. Dr. E. S. Case, Stockville.
12th. District. Dr. A. J.Stewart, Mitchell.

The minutes of the previous session were read and adopted.

The report of the first meeting of the Board of Councilors was read.

Dr. Hildreth moved that that part of the report referring to our honored dead be first adopted. The motion was seconded and was carried by a unanimous rising vote.

On motion duly made, and seconded, the full report of the Board of Councilors was unanimously adopted.

It was moved and seconded that that part of the report of the Committee on revision of By-Laws referring to Section 5, Article 2, and providing for the nomination and election of a "President elect," he adopted.

After some discussion the motion was voted upon and declared lost.

Announcement being made that Dr. S. F. Sanders, a member of the Auditing Committee, was unable to serve, Dr. R. R. Hollister was appointed to act in his stead.

On motion the House of Delegates adjourned to meet at 5 o'clock this evening.

Digitized by Google

HOUSE OF DELEGATES.

THIRD SESSION.

The House of Delegates came to order at 5 o'clock P. M., Wednesday May 8th, at the call of president pro tem, von Mansfelde, with a quorum present.

After roll call, the minutes of the previous session were read and adopted.

Dr. J. M. Mayhew presented his credentials as a member of the House of Delegates from the Third district, to serve in place of Dr. J. S. Welch, resigned.

Secretary Aikin read the following report of the Secretary to the Board of Trustees, and the same was referred to the Board of Councilors:

NEBRASKA STATE MEDICAL ASSOCIATION.

HOUSE OF DELEGATES.

Lincoln, Nebr., May 7, 8, 9, 1912.

Report of Secretary to the Board of Trustees.

Pursuant to a call by President A. D. Nesbitt, the Board of Trustees met in Omaha Feb. 21st, 1912. In compliance with action as shown by the records of that meeting your Recording Secretary prepared an itemized statement of claim for moneys due the Nebraska State Medical Association from the estate of Dr. A. D. Wilkinson. Said statement of claim was properly certified by your President and Secretary, then filed with the County Court of Lancaster county, Nebraska as a just claim against the estate of our deceased, Dr. A. D. Wilkinson, Recording Secretary. A committee composed of your President, Treasurer and Acting Secretary were appointed to take an inventory of our State Association Library, also the private library and any other bequests or effects reported as willed by the late Dr. A. D. Wilkinson to the Nebraska State Medical Association, and they were authorized to arrange for the proper housing and care of said property. The necessary traveling expense accounts presented by out-of-town members present at said Board of Trustees meeting, were ordered paid, and orders were drawn on the Treasurer for amounts claimed.

Respectfully submitted,

JOSEPH M. AIKIN,
Secretary to Board of Trustees.

On motion duly made, seconded and carried, the House listened to the following report regarding the Western Medical Review, which was ordered placed on file:

Board of Councilors of the Nebraska State Medical Association, Lincoln, Nebr.

Omaha, Nebr., Mar. 1, 1912.

Gentlemen:

We herewith submit you a report of The Western Medical Review for the past year. No doubt, each and every one of you have noticed the rapid increase in size of the Western Medical Review during the past year, and we are now getting on to a fairly prosperous basis.

ANNUAL STATEMENT OF THE WESTERN MEDICAL REVIEW FROM JAN. 1, '11 TO JAN. 1, '12.

DISBURSEMENTS.

Salaries	$1,407.56
Commissions	779.62
Printing	2,599.32
Rent	240.00
Postage	219.41
Miscellaneous	314.80
Total	$5,560.71

Digitized by Google

RECEIPTS.

Receipts from the Nebraska State Medical Association,	Feb. 1911..	$ 301.25
	May 1911..	282.81
	Aug. 1911..	294.06
	Nov. 1911..	297.19
Total from State Association		1,175.31
From advertising and other subscriptions		4,835.67
Total receipts		$6,010.98

Showing net profit of the year to be applied on old indebtedness of $450.27.

Very truly yours,
WESTERN MEDICAL REVIEW.
A. F. JONAS, President.
HENRY L. AKIN, Sec'y and Treas.

It was moved, seconded and carried that the president and secretary of the Association be empowered to use their own discretion with reference to the giving out of lists of the Association membership.

The following report of the Auditing Committee was received and on motion the same was adopted:

To the House of Delegates, N. S. M. A.:

Your Auditing Committee submits that they have examined the records and books of Secretary Aikin and Treasurer von Mansfelde, and find same correct.

We persistently urge that the Constitution and By-Laws be adhered to in the transmission of money to the Secretary and Treasurer of the Nebraska State Medical Association, and that the Treasurer of this Association furnish the proper blanks to the County Societies at cost price, for the execution of these recommendations.

MARY A. QUINCY,
L. M. SHAW,
C. F. BURCHARD,
J. P. GILLIGAN,
A. E. WANEK,
R. R. HOLLISTER.

Dr. McConaughey was called to the chair and presided during the reading and adoption of the report of the Committee on Revision of By-Laws.

The Committee on Revision of the By-Laws presented their report. The same was considered seriatim, and later, on motion of Dr. von Mansfelde on behalf of the committee, the report was adopted as a whole.

Two amendments to the constitution were read and laid over, under the rules, for one year.

Dr. Hildreth offered the following resolution, and moved its adoption. The motion was seconded and carried:

Whereas, it is conceded to be one of our functions and duties to educate the public in matters pertaining to health and sanitation,

Resolved, That when any paper read before our State Medical Association contains matter suitable for educating the public in questions pertaining to health and sanitation, our President and Secretary are hereby empowered to abstract such papers—subject to the approval of their authors—and with due recognition of the writers of such papers, present the abstracts for publication in the daily press, over the signature of the President and Secretary of the State Medical Association.

Digitized by Google

E. O. Weber of Saunders County introduced the following resolution, which was unanimously adopted, after which the House adjourned to meet at 7:30 Thursday morning, May 9.

RESOLUTIONS.

(1) Resolved, That we, the members of the Nebraska State Medical Association, in annual convention assembled at Lincoln, Nebraska, this 8th day of May, 1912, do hereby express most enthusiastically our absolute and unbiased support of the Senator Owen bill, which is now pending before our national congress. We believe that this bill should be enacted into law and that by such enactment, with a national health bureau as provided, the greatest conservation resource of the whole nation will be procured, viz: the conservation of the race.

(2) Be it further resolved that we extend greetings to our honorable members from Nebraska who represent us in the United States senate and to our honorable representatives in the lower house of congress. And as we feel that these representative men will not be influenced by derogatory statements, malicious attacks or prejudiced opinions, it will simply become necessary for the Nebraska State Medical Association to say to them that this organization, one thousand in membership and representative of the entire state, will stand by their favorable action and affirmative vote on this measure.

(3) Be it further resolved that a copy of these resolutions be mailed to each of our United States senators and representatives in congress.

Adopted May 8, 1912.

Signed.....
President State Medical Association.

Signed.....
Secretary Nebraska State Medical Association.

FOURTH SESSION.

Lincoln, Nebraska, Thursday, May 9, 1912.

At 8:30 o'clock A. M. president pro tem Dr. von Mansfelde called the House of Delegates to order.

Roll call showed a quorum present, after which the minutes of the last session were read and approved.

The following members were appointed to serve in place of absent members of the house from their respective counties:

Dr. H. L. Wells, Cuming County.
Dr. M. L. Hildreth, Burt County.
Dr. G. B. Dent, Lincoln County.
Dr. Robert McConaughey, York County.
Dr. J. W. Ackley, Adams County.

The nominating committee presented the following list of names of persons nominated for the various offices:

For President—Dr. A. I. MacKinnon, Lincoln; Dr. S. C. Beede, David City; Dr. I. N. Pickett, Odell.

Vice Presidents—Dr. W. B. Kern, Ingleside; Dr. D. T. Quigley, North Platte.

Secretary—Dr. J. M. Aikin, Omaha.

Treasurer—Dr. J. S. Welch, Lincoln.

Corresponding Secretary and Librarian—Dr. A. C. Stokes, Omaha.

Delegate to the American Medical Association—Dr. von Mansfelde, Ashland.

Alternate—Dr. E. A. Steenberg, Aurora.

Digitized by Google

Coucillors—First district, Dr. Lemere, Omaha; Second district, Dr. E. W. Rowe, Lincoln; Third district, Dr. J. A. Wagoner, Humboldt; Fourth district, Dr. H. L. Wells, West Point; Ninth district, Dr. S. M. Moore, Gothenburg.

Dr. D. T. Quigley having been elected as vice president, Dr. G. B. Dent of North Platte was nominated and elected to fill the vacancy in that district.

The president appointed as tellers, Dr. Buckley of Broken Bow, and Dr. E. O. Weber of Wahoo.

There being no further nominations for president, ballot was taken on the names presented by the nominating committee. The first and second ballots resulted in no election. On the third ballot 46 votes were cast, of which Dr. Pickett received 27, Dr. MacKinnon 18 and Dr. Beede 1. Dr. Pickett was thereupon declared elected president of the Association for the coming year.

For vice presidents no further nominations were offered and on motion duly seconded, the Secretary was instructed to cast the ballot for Dr. Kern and Dr. Quigley, named by the nominating committee, and these gentlemen were declared elected as Vice Presidents of the Association.

For Secretary no further nominations were made and by order of the House the President was instructd to cast the unanimous ballot for Dr. J. M. Aikin of Omaha, and declare him elected Secretary for three years.

For Treasurer, in addition to the nomination of Dr. J. S. Welch by the committee, Dr. A. S. von Mansfelde was placed in nomination. The ballot resulted in 46 votes, of which Dr. von Mansfelde received 30 and Dr. Welch 16. The Secretary declared Dr. von Mansfelde elected as Treasurer for three years.

For Corresponding Secretary and Librarian, Dr. H. W. Orr moved that the President cast the ballot of the House for Dr. Stokes. The motion prevailed, and Dr. Stokes was declared duly elected.

For delegate to the A. M. A., Dr. von Mansfelde, the nominee of the committee, declined, and requested that Dr. A. D. Nesbit be elected to that position, and under instructions from the House, the Secretary cast the unanimous ballot for Dr. Nesbit as delegate for two years.

Dr. A. E. Steenberg of Aurora was elected in the same manner as alternate.

The following councilors were elected, as named by the Nominating Committee: First district, Dr. Lemere, Omaha; Second district, Dr. E. W. Rowe, Lincoln; Third district, Dr. J. A. Waggoner, Humboldt; Fourth district, Dr. H. L. Wells, West Point; Ninth district, Dr. S. M. Moore, Gothenburg; Eleventh district, Dr. G. B. Dent, North Platte.

After a recess in which the members listened to the address of Dr. Fischer, of Cincinnati, in the general sessions, the House reassembled.

Dr. Long moved the re-election for the ensuing year of the men who have served the past year on the Committee on Public Policy and Legislation, being Drs. W. H. Wilson and H. W. Orr of Lincoln, Dr. E. O. Weber of Wahoo, Dr. A. D. Nesbit of Tekamah, and Dr. Joseph M. Aikin of Omaha.

The motion was seconded and carried.

The members of the Committee on the Care and Prevention of Contagious Diseases, Dr. H. Winnett Orr of Lincoln, Dr. Robert McConaughy of York and Dr. D. T. Quigley of North Platte, were on motion re-elected to serve for the coming year.

The following invitation from the Omaha Commercial Club for the meeting of 1913, was received, and accepted with thanks.

Dr. Jos. M. Aikin, Sec'y Nebraska Medical Association,
Omaha, Neb.

My Dear Sir:

On behalf of the Commercial Club of Omaha it gives me great pleasure

Digitized by Google

to extend to the Nebraska State Medical Association, a cordial invitation to hold its 1913 convention in the city of Omaha.

Should your organization accept this invitation, this department will do everything possible to aid in making arrangements for the convention and in getting a record attendance at the meeting. The bureau will furnish the usual courtesies, and its manager will be at the command of the state officers, and work with them in any way that they may deem advisable for the successful outcome of the convention.

Trusting that your Association will find it feasible to accept this invitation, I am, Yours very truly,

E. V. PARISH, Manager.

The Secretary read the following telegram:

Burlington, Iowa, May 9, 1912.

Greetings and best wishes to Nebraska State Medical Association, from Iowa State Medical Association.

On motion the Secretary was instructed to return the greetings of the Nebraska Association to the Iowa State Medical Association.

Dr. Christie moved that the Secretary and Treasurer be appointed a committee to take charge of the printing of the Constitution and By-Laws, to use their own discretion as to the number printed, and that $200.00, or so much thereof as may be necessary, be appropriated for that purpose. The motion was seconded and carried.

On motion of Dr. Long a vote of thanks was extended to the Lancaster County Medical Society for the entertainment of this session.

The House then took up the report of the Board of Councilors.

That part of this report referring to the redistricting of the state, was read and on motion adopted.

The resolution of Dr. Wells, offered as a part of this report, on the subject of a committee of publicity, was read and adopted. That section of the report referring to "Executive Day" was read and adopted.

The appropriations recommended by the council were read. It was moved, seconded and carried that the salary of the Treasurer be placed at $50.00, and with that change the recommendations of the Council be adopted.

The entire report of the Council, as changed, was then adopted.

The terms of two members of the Defense Fund Committee having expired, it was moved, seconded and carried that these two members, Dr. von Mansfelde and Dr. Lucas, be re-elected for two years.

On motion the House of Delegates adjourned sine die.

The President appointed the following Chairmen of Sections, and Committee:

Section of Practice of Medicine—Chairman, Dr. C. W. M. Poynter, Lincoln. Secretary, Roy A. Dodge, Omaha.

Section of Surgery—Chairman, Dr. A. S. Pinto, Omaha, Secretary, ...

Section of Gynecology and Obstetrics—Chairman, Dr. F. H. Morrow, Columbus. Secretary, J. W. B. Smith, Albion.

Committee on Medical Publicity for the Prevention of Disease and Other Purposes—Dr. H. L. Wells, West Point, Chairman; Dr. F. A. Long, Madison; Dr. W. H. Wilson, Lincoln.

Proposed (amendment) Sec. 4 Art. III. Constitution Nebr. State Med. Assn. Section 4. Two or more contiguous county societies having five or more eligible physicians in each county, may with the advice and consent of the Councilor of the district in which such counties are located, or if the

Digitized by Google

counties are situated in two or more Councilor districts, with the advice and consent of the Councilors in whose districts the counties are locate, form a compound (or hyphenated) county society.

Then amend Section 2, Chapter IV., By-Laws, after comma of fourth line: "and each compound (or hyphenated) county society shall be entitled to one delegate for every county represented in the compound (or hyphenated) county society, such delegate to be elected by the membership from the county which he is to represent."

DR. F. A. LONG.

REPORT OF COMMITTEE ON REVISION OF BY-LAWS.

It was moved by Dr. Poynter, that all resolutions now operative become sections of the by-laws in their proper place.

The motion was seconded and carried, and such resolutions appear in the by-laws as numbered sections.

Thereupon the following sections of and amendments to the by-laws, being those in which changes are recommended by the Committee, were read and adopted:

Chapter I, Section 5. Resolution. The Secretary of the Association is instructed to formulate a certificate of membership, which is to be furnished to County Societies, and which shall be signed by the officers of the State Association, and countersigned by the officers of the County Society.

Section 6. Resolution. Card index cases and outfits are to be procured for County Societies and paid for by the State Association.

Add to Section 1, Chapter IV.: Every member of the House of Delegates, as defined in Article V of the Constitution, is eligible to vote. No delegate is eligible to any office except that of Councilor. Adopted.

Change the Councilor Districts, so that the same shall be constituted as follows:

No. 1—Douglas, Sarpy.

No. 2—Lancaster, Cass, Otoe.

No. 3—Gage, Johnson, Nemaha, Pawnee, Richardson.

No. 4—Knox, Cedar, Dixon, Dakota, Antelope, Pierce, Wayne, Thurston, Madison, Stanton, Cuming, Boyd.

No. 5—Burt, Washington, Dodge, Colfax, Platte, Boone, Nance, Merrick.

No. 6—Saunders, Butler, Seward, Polk, York, Hamilton.

No. 7—Clay, Fillmore, Saline, Nuckolls, Thayer, Jefferson.

No. 8—Cherry, Keya Paha, Brown, Rock, Holt, Sheridan, Dawes, Sioux.

No. 9—Custer, Valley, Greeley, Sherman, Howard, Dawson, Buffalo, Hall, Grant, Hooker, Thomas, Blaine, Loup, Garfield, Wheeler, Logan.

No. 10—Gosper, Phelps, Adams, Furnas, Harlan, Franklin, Webster, Kearney, Chase, Hayes, Frontier, Dundy, Hitchcock, Red Willow.

No. 11—Lincoln, Perkins, Keith, Arthur, McPherson, Garden, Kimball, Cheyenne, Deuel.

No. 12—Scotts Bluff, Banner, Box Bute, Morrill.

Change Chapter V., Section 2, to read as follows (new part underscored): Sec. 2. The House of Delegates on the first day of the annual session shall elect a president pro tem., who shall preside in the absence of the President of the Association, and it shall select a Committee on Nominations, consisting of one delegate from each Councilor District. No delegate shall be eligible to appointment on this committee who has not been three years an active member of this Association. It shall be the duty of this Committee to consult with the members of the Association and to hold one or more meetings at which the best interests of the Associa-

Digitized by Google

tion and of the profession of the state for the coming year shall be carefully considered. The committee shall report the result of its deliberations to the House of Delegates in the shape of a ticket containing the names of three members for the office of President Elect, and of one member for each of the other offices to be filled at that annual session. No two candidates for President Elect shall be named from the same County. **Said nominating committee shall be bound upon its honor not to divulge its deliberations, nor any part of the ticket agreed upon, until called for, as provided in Section 3 of this Chapter.**

Dr. Overgaard moved that the action of the meeting this morning in regard to that part of this section referring to a President Elect, be reconsidered. The motion was voted on but lost.

On motion duly made, seconded and carried, this entire section as above amended, was adopted.

Chapter IV. Section 14. House of Delegates. The minutes of the House of Delegates shall be struck off separately and sent to state and territorial associations and to the American Medical Association with the request for like courtesies. An abstract of the minutes of other organizations shall be made by the Secretary and printed in the official organ of the Association.

Sec. 15. That the Secretary be instructed to notify each County Society in the state of the number of meetings held by the House of Delegates and the attendance of their respective members and delegates.

Chapter VI. Section 3. Change as follows: Strike out the words "Shall give bond for the trust reposed in him whenever the House of Delegates shall deem it requisite," and insert: (The Treasurer) **of the Association shall be put under bond of Two Thousand ($2,000) Dollars, the expense of procuring such bond to be paid out of the Association's funds.**

Also, after the words "countersigned by the Secretary," add the following: **Provided, that such orders shall be effective only for the year in which they are made, and shall provide that all unexpended balances must be covered back into the treasury of the State Association at the end of each such year.**

Provided further, that the Treasurer shall have the right to exercise the prerogative of paying orders by installments, when made for committees of the Association, such deferred payments not to interfere with the efficacy of the work. Adopted.

Chapter VII. Section 1 add: **Five members shall constitute a quorum of the Board of Councilors.**

Sec. 2. Cut out the words "and such reports shall be read immediately after the reading and disposition of the President's address." And there insert the following: **It shall be the duty of each Councilor to appoint honorary pall bearers to represent the State Medical Association at the burial of any member residing in his district.**

Sec. 5. Change to read as follows: At the death, removal from the district, or removal otherwise from office, of any Councilor, such vacancy shall be filled until the meeting of the next House of Delegates by the President of the Association, and notice of the appointment shall be sent to the Secretary of the Board of Councilors and to the Secretary of the Association.

Chapter VIII. Section 1, add to committees named, the following:

A Committee on Care and Prevention of Contagious Diseases.

A Medico-Legal Defense Committee.

A Committee on Medical Publicity.

Add to Section 3 Subsection A, as follows: Sub. A. Auxiliary Committee to Committee on Public Policy and Legislation, House of Delegates—That the member of the Council of Legislation of the American Medical Association for the Nebraska State Medical Association be, ex officio, a

Digitized by Google

member of the Committee on Public Policy and Legislation. That the Secretaries of the County Societies in the state be made auxiliary members of such Committee, or such other members as may best serve the interests of the Committee and Members of the Council on Legislation A. M. A. the following:

Add to Section 6. Sub-section A—**Resolution.** That at the future meetings of the Association the expense incident to banquets, smokers, etc., for social entertainment, be assessed to the members participating therein, as is the custom in the American Medical Association, the pro rata cost to be estimated by the local committee and announced in the published program. It is to be understood that the lady members of the Association, the wives and daughters of members of the Association, and lady visitors, be invited to attend our annual banquet. **Adopted.**

Add Section 7 as follows: Sec. 7. The Committee on Care and Prevention of Contagious Diseases shall consist of three members. Under the direction of the House of Delegates it shall represent the Association in bringing out a better understanding among the public regarding such diseases, especially tuberculosis; it shall employ all dignified means of educating the people concerning the prevention and cure of tuberculosis; it shall cooperate with other departments of the Association to bring about a better condition of public hygiene and to secure better conditions of state care for the unfortunate individuals who may be a menace to their comrades; it shall have power to co-operate with any society worthy of our support, which has for its aim the improvement of general health conditions; it shall at each annual meeting of the Association make to the House of Delegates a report of its work for the year, giving as accurately as possible the actual health conditions as they exist for the state. **Adopted.**

Chapter VIII. Section 8.

THE BY-LAWS.

Governing the Medico-Legal Defense Department of the Nebraska State Medical Association.

Chapter I. Section 1. The Medico-Legal Defense Department of the Nebraska State Medical Association shall be under the supervision of a committee of three. This committee shall be known as the Medico-Legal Defense Committee and shall consist of the Secretary of the State Medical Association, who shall act as Secretary of the Committee, and two other members who shall be elected by the House of Delegates according to Chapter VIII, Section 1 of the By-Laws governing our Association, and serve for the term of two years, provided that in the original organization of this Committee one member shall be elected for a term of one year.

Chapter I. Section 2. All members of this Committee shall serve without pay. On and after their election it shall be the duty of this Committee to effect such organization as they see fit and to adopt rules for their guidance and for the guidance of members of the State Medical Association in medico-legal defense matters, not set forth in the constitution and by-laws. It shall be their duty to investigate all claims of malpractice against members as herein set forth, to adjust such claims in accordance with equity where possible, and if claim is unjust or damage sought excessive, to lend such help as they may deem proper, but they shall not pay nor obligate the Association to pay a judgment against a member or court costs of any suit.

Section 3. The Medical Defense Committee shall select a member of the bar of Nebraska as a legal counsel of the Association and is authorized to pay such counsel an annual retainer fee. The proper fees for defending members of the Association for alleged malpractice shall be paid out of the Medical Defense Fund, provided that the member has placed his case in the hands of the Association in accordance with the regulations adopted by the Association.

Digitized by Google

Section 4. All debts contracted in medico-legal defense work shall be paid by the Treasurer of the State Association from the Medico-Legal Defense Fund on warrants drawn by the committee against the Treasurer of the Nebraska State Medical Association as provided by the Constitution and By-Laws.

Section 5. The Medico-Legal Defense Committee shall at each annual meeting of the State Asociation make to the House of Delegates a detailed report of all expenses incurred and work done during the year next preceding the meeting.

Chapter II. Section 1. At the end of each year the sum of $1 for each member who shall elect to avail himself of the benefit of the Medical Defense Fund shall be set aside by the Treasurer of the State Association as a special Defense Fund to be called the "Medico-Legal Defense Fund." This fund shall be kept separate from other moneys of the Association and shall be used only for legal defense of such members as shall have contributed to said fund and who are threatened with or prosecuted for alleged malpractice as herein set forth.

Chapter III. Section 1. Every member of the Medical Association of the State of Nebraska who has paid all dues, assessments or other charges assessed or levied by the Medical Association of the State of Nebraska for the year 19—, shall be entitled to receive, without expense, upon application therefor, the services of an attorney and counselor at law in any action for malpractice brought against such member in any court within the State of Nebraska, on the following conditions, and not otherwise:

First. Any member desiring to apply for malpractice defense hereby provided shall immediately upon receipt thereof send to the Secertary of the Medical Association of the State of Nebraska any letter, process of court or other evidence of threatened litigation in connection with such malpractice case.

Second. It shall be the duty of the Secretary to forthwith examine the financial records of the Medical Association of the State of Nebraska, and if such member so applying is found to have paid all arrears, dues or other charges due the Medical Association of the State of Nebraska for the year ...., he shall certify those facts to the counsel of the Medical Association of the State of Nebraska and forthwith send to such counsel the papers received from the applicant for defense, and such Secretary shall forthwith return to the applicant, if he shall find that such applicant has paid all arrearages due the Medical Association of the State of Nebraska, a formal application for defense containing authority for the said Association, through its attorney, to defend the action and granting to the Association and its attorney sole power to conduct the defense thereof, and agreeing not to compromise or settle said claim for damages for said alleged malpractice without the consent of the Medical Association or its attorney. The said applicant shall furnish and return to the Secretary with his application duly executed, a full, accurate and complete history of his treatment of the case of which the alleged malpractice arose, giving dates, names of witnesses, nurses and other attendants, all of which information shall, upon its receipt by him, be investigated by the Committee and if the case is just, be forwarded by the Secretary of the Medical Association of the State of Nebraska to the counsel of the Association.

Third. If on the other hand the Secretary finds that any member so applying has not paid all arrearages as herein specified, then, and in that case, he shall return at once to the applicant all papers or memoranda received by him from said applicant, together with a statement that he is not entitled to defense and the reason therefor.

Fourth. It is further understood between each and every member of the Medical Association of the State of Nebraska that under no condition will the Medical Association of the State of Nebraska pay any sums awarded

Digitized by Google

in settlement, compromise or verdict or otherwise against any members sued for alleged malpractice, and each member in applying for services of the attorney of the Association in any malpractice case, shall agree not to obligate in any manner the Medical Association of the State of Nebraska for any purpose. Further the Association will not obligate itself to defend any case instituted before the adoption of these articles nor any case started before the physician became a member of this Association.

Chapter XIII. Section 11. Whereas, it has become notorious that commissions were asked for and given; resolved, that such practice is entirely against all ethical standards and is to be severely condemned. This Association hereby puts itself on record against such practice and earnestly solicits the assistance of all county societies for the suppression of this evil, even to the extent of the expulsion of such offenders. Tolerance of such practice upon the part of the County Societies will be visited by the proper discipline from this Association.

Chapter XIII. Section 15. No money expended by any member, or any County Society, for any purpose whatsoever, will be repaid by this Association, unless such expenditure has first been authorized by the Council of the Association.

Dr. von Mansfelde moves on behalf of the Committee that the by-laws as amended and presented by the Committee, with any changes just made therein by the House, be adopted as a whole. The motion was seconded and carried.

The following amendments to the Constitution were proposed by this same committee, and under the rules were read and laid over for one year:

Add to Article VIII, entitled, "Officers," a new section as follows:

Section 4. The Board of Trustees shall consist of the President, the two Vice Presidents, the Secretary, the Treasurer and the Corresponding Secretary.

Sub-section B. The Board of Trustees shall have charge of the property and of the financial affairs of the Association.

Sub-section C. Funds may be appropriated by the Board of Trustees to defray the necessary expenses of the Association, when it is not in session; to enable the Board, the Council, and the standing committees to fulfill their respective duties and pay their necessary expenses.

THE BOARD OF COUNCILORS—FIRST SESSION.

Tuesday, May 7, 1912, 5 P. M.

In the absence of Dr. H. H. Bellwood, President of the Council, Dr. J. C. Malster, Secretary, called the meeting to order at 5 o'clock.

On motion of Dr. Poynter, duly seconded and carried, Dr. A. P. Overgaard was elected as President pro tem, and presided over the session.

Dr. Poynter moved that the recommendations of the Committee on Contagious Diseases be concurred in and the report referred to the Committee on Public Policy and Legislation for future consideration and action. The motion was seconded and carried.

It was moved, seconded and carried that the chair appoint a committee of three, who shall be empowered to draw proper resolutions or recommendation to our United States Senators and Congressmen, and to the President of the United States, relative to the Owen Bill; that the action of the House of Delegates on such resolution, if favorable, be telegraphed immediately to our senators and congressmen, and that later a full copy of the resolutions be forwarded to them and to the President. Seconded.

Dr. von Mansfelde moved to amend by adding that the Secretary of of the State Association notify the Secretaries of the County Societies of

Digitized by Google

this action, and instruct the Secretaries to promptly carry out the wishes of the Council of Legislation of the American Medical Association.

The amendment was accepted, and the motion, as amended, was carried.

The Chairman appointed as such committee Drs. Poynter, Quigley and Creighton.

After some discussion it was moved that the matter of the re-districting of the state into Councilor districts be referred to a committee of three. The motion was seconded and carried, and Drs. Malster, Quigley and Butler were appointed as such committee.

It was moved and seconded that the Council approve the recommendations of the Committee on Public Policy and Legislation, and suggest their adoption by the House of Delegates, recommending that the Committee be instructed to keep before the profession the importance of an amendment to establish a Board of Control for state institutions, until the time of the November election; and that the committee be instructed to prepare a bill on the subject of sterilization of defectives, for submission at the next session of the legislature. The motion prevailed.

The following memorial resolutions regarding members deceased since the last meeting of the Association, were received, and on motion the same were referred to the House of Delegates with the recommendation that they be adopted.

Present, Drs. Overgaard, Malster, Creighton, Quigley, Butler, and Dr. M. S. Moore, representing the Ninth district by appointment to fill the vacancy caused by the death of Dr. E. L. Smith.

Whereas, This Society learns with profound sorrow of the death of our brother practitioners and friends:

1. A. D. Wilkinson, of Lincoln, State Secretary.
2. E. L. Smith, of Shelton, Councilor for Ninth district.
3. John I. Hay, Lincoln, Superintendent Lincoln Asylum.
4. W. F. Reynolds, York.
5. Fred W. James, Oak.
6. F. C. Clark, Craig.
7. Rufus D. Mason, Omaha.
8. J. J. Rickett, Broken Bow.
9. H. D. Boyden, Grand Island.
10. E. D. Beem, Hardy, President Nuckolls County Society, 1912.
11. W. H. Hagey, Norfolk.
12. S. E. Hawes, Fairbury.
13. P. E. Plumb, Gothenburg.
14. Ray Alexander, Bristow.

Members of the State Medical Association.

Whereas, Their absence will be an irreparable loss to their families and friends, and to this society, on account of their inspiration and distinguished services, be it therefore

Resolved, That the remembrance of their connection with this Society shall be an additional bond of fellowship to us who survive.

Be it further Resolved, That this Society extend to the bereaved families our most sincere sympathy in this our mutual loss and affliction, and that a copy of the Western Medical Review, with these resolutions printed on the memorial page, be sent to the family of each of the deceased and these resolutions be spread upon the minutes of the Society.

Alonzo DeLos Wilkinson, M. D.

Born at West Lebanon, Pa., October 3, 1857. Died at Lincoln, Neb., December 5, 1911. Aged 54 years, 2 months, and 2 days.

These are the bald facts; they are indisputable, he was born, he died!

Digitized by Google

But is that all of human life? No, indeed, what lies between and beyond has greater interests. This is especially true of our genial friend and fellow practitioner.

A. D. Wilkinson, when a young man, was conencted with a medical publishing house in St. Louis, an intimate contact with medical books and medical journals soon developed a desire for the study of medicine. He graduated from the Missouri Medical college in 1882, devoted himself to his profession for some time in St. Louis, Illinois and Iowa, and finally located in Lincoln, Neb., in 1894. He served as Secretary and President of the Lancaster County Medical Society (Lincoln) and as President of the Medical Society of the Missouri Valley. He was elected Secretary of the Nebraska State Medical Association in 1899 and served in this capacity until his death. It was in this work which brought him in intimate contact, not only with his fellows in Lincoln, but with the profession of the state and beyond its boundaries, that he displayed his best characteristics. His motto seems to have been:

"Since life's best joys consist in peace and ease,
And few can save or serve, but all can please."

His nature seems to have been "full of the milk of human kindness" and his greatest make-up was: he could never say no! These pleasing qualities were greatly increased and broadened by his extensive travels over the whol world; from savage lands and cultured Europe he brought a kinship, a brotherly regard for all mankind which endeared him so much to those who knew him, but to love him. His love of books was ever with him and it was a charm to see him display it; he will always remind us of this by the extensive medical library which he willed to the Nebraska State Medical Association. As a friend, as a teacher, as a beloved physician, he will long be with us; and in the beyond?

"Let all the gentleness of the gods go with him."

Dr. Poynter presented the following resolution, which was referred to the House of Delegates, asking for its adoption:

The Nebraska State Medical Association hereby expresses its approval of the action of the legislature of 1911 in granting an appropriation for a building for the College of Medicine of the State University, commends the governor for signing the bill, and places itself on record as favoring the development by the state of a college fully up to the highest standard demanded by modern medical education and commensurate with the dignity of Nebraska as a state and with the intelligence and progressiveness of her people.

The following reports from Councilor districts were received and are presented to the House of Delegates under the laws of the Society:
House of Delegates of Nebraska State Medical Association.

The following is a correct report of the physicians in the Fifth Councilor District of the Nebraska State Medical Association, showing membership in this society and non-members, giving a total of 148 physicians in the Fifth District:

County.	Members.	Eligible non-members.	Non-members	
Boone	6	6	3	
Burt	12	3	1	
Colfax	8	5	0	
Dodge	29	7	0	
Merrick	11	1	2	
Nance	6	1	3	
Platte	17	2	2	
Washington	12	2	0	
	101	27	11	Total 148

A. P. OVERGAARD, Councilor.

Digitized by Google

Dr. J. C. Malster, Sixth District.

I wrote to each 1911 President and Secretary of the district.

Received report from Secretary of Butler county, Dr. E. H. Marselus. They have 13 members and 6 non-members. Compared with last year's report they have gained one member. Received report from Secretary of Saunders county, Dr. F. E. Way. They have 17 paid up members with good prospects for more, and 8 non-members. From Secretary of Polk county, Dr. L. M. Shaw, 11 members, 3 non-members but not eligible; gain, 3.

Received reply from President of York county, Dr. O. M. Moore. Elected officers and have arranged to have monthly meetings for a while at least, not only for the reading of papers but to brush up against one another for their mutual benefit. Twenty paid up members, 18 year before. No report from Seward and Hamilton counties.

DR. J. C. MALSTER, Councilor.

One application for charter from Richardson county in Third district.

DR. A. B. ANDERSON, Councilor.

Councilor in Ninth district, Dr. E. L. Smith of Shelton, has died.

Dr. D. W. Beattie of Fourth district moved out of district.

Last year three doctors died in state. One a member of the Society.

Since our last meeting last year some 45 doctors have died in the state, 14 members of the Society. A good many of the non-members had retired and many were too old to practice.

DR. J. C. MALSTER,
Secretary of Board of Councilors.

On motion the Board of Councilors adjourned to meet immediately following the adjournment of the House of Delegates on Wednesday morning, May 8.

BOARD OF COUNCILORS—SECOND SESSION.

Chairman Overgaard called the Board of Councilors to order at 6 o'clock P. M., Wednesday, May 8.

The Comimttee to consider the question of re-districting the state presented the following report, which was recommended to the House of Delegates for adoption:

Your Committee on the Reapportionment of the Councilor Districts hereby recommends that the number of districts for the present remain twelve.

That First, Second and Third Districts remain as they are now.

To Fourth District add Boyd county.

Fifth, Sixth and Seventh Districts to remain as at present.

In the western part of the state the districts should run in the same direction as the railroads, and to facilitate travel over these western districts the following changes should be made:

In number eight cut off Grant, Hooker, Thomas, Blaine, Loup, Garfield, Boyd and Wheeler, and add Sheridan, Dawes and Sioux.

In number nine add Logan county and those cut off from number eight.

In number ten add Chase, Hayes, Frontier, Dundee, Hitchcock and Red Willow.

In number eleven cut off those added to number ten and add Garden, Kimball, Cheyenne and Deuel.

Number twelve should consist of Scotts Bluff, Banner, Box Butte and Morrill.

DR. D. T. QUIGLEY,
Chairman.
DR. J. C. MALSTER,
DR. F. A. BUTLER.

Digitized by Google

The following resolution was introduced by Dr. H. L. Wells as a part of the report of the council:

Whereas, our president, Dr. A. D. Nesbit, recommended that this association establish a baureau of medical publicity, to disseminate the spirit of papers read to this association, and the talks and motions already reported, therefore be it

Resolved, That this association create a bureau of publicity which shall be known as the "Committee on Medical Publicity for the Prevention of Disease and Other Purposes," whose duty it shall be to use all honorable means to give the people of this state knowledge pertaining to such diseases as they deem advisable, with full power to act in the matter of medical publicity. This committee shall consist of three members of the association, together with the president and secretary of the association, who shall be members ex officio.

Moved to recommend to the house of delegates that the first day of each annual meeting be designated and set apart as "Executive day," when the officers of the association and the county secretaries shall meet, organize and transact such business as they may find for the good of the association, as suggested by the president in his address, said meetings to be at such time and place as shall not interefere with the work of the general sessions.

The motion was seconded and carried.

It was moved, seconded and carried that the action of the board of trustees, as shown in the report of the secretary of the board of trustees, referred to this council, be recommended for approval, with the request that the board furnish to this council an itemized statement of the expenses mentioned therein.

The council recommends the allowance of the following appropriations:

Secretary's salary, per year	$ 200.00
Secretary's expense account, per year	200.00
Treasurer's salary, per year	10.00
(Changed to $50.00 by the house of delegates)	
Treasurer's expense account, per year	25.00
Expense treasurer's bond (three years)	20.00
Librarian's expense account	75.00
Western Medical Review	1,250.00
Committee on publicity	75.00
Committee on public policy and legislation	200.00
Total	$2,195.00

Thereupon the council adjourned.

Proposed by Dr. A. S. v Mansfelde. Session 1912.

Proposed constitutional amendment:

Add to Article VIII of the Constitution, entitled officers, a new section, numbered Section 4, consisting of three sub-sections, to-wit:

Sec. 4 The board of trustees shall consist of the president, the two vice presidents, the secretary, the treasurer and the corresponding secretary.

Sub-section b.—The board of trustees shall have charge of the property and of the financial affairs of the association.

Sub-section c.—Funds may be appropriated by the board of trustees to defray the necessary expenses of the association, when it is not in session, to enable the board, the council and standing comimttees to fulfill their respective duties and pay their necessary expenses.

Digitized by Google

BOARD OF COUNCILORS.

First Session.

The new board of councilors met for organization at 11:30 a. m. Thursday, May 9, 1912, at the Lindell hotel.

Present: Drs. Overgaard, Malster, Gilligan, Wells, Moore, Waggoner and Rowe.

The council organized by the election of Dr. A. P. Overgaard as chairman and Dr. J. C. Malster as secretary, after which adjournment was taken.

REPUBLICAN VALLEY MEDICAL ASSOCIATION.

The Republican Valley Medical Association met in Holdrege May 31st. The meeting was held at the Court house, the President, Dr. R. S. Mitchell, presiding.

The following program was given:

1. Vomiting in Infancy and Childhood—Dr. Henry Farrell, Axtell.
2. Electro-Therapeutics—Dr. J. A. Andrews, Holdrege.
3. Beginning Nervous and Mental Diseases—Dr. W. B. Kern, Hastings.
4. Report of a case of Ectopic Gestation, in which no period had been missed—Dr. W. C. Bartlett, Alma.

In the absence of Dr. C. C. Hull of Omaha, Dr. C. O. Rich gave a talk on the Anatomy of Hernia and the technique of the operation for Hernia. This talk was supplemented by Dr. J. M. Banister of Omaha, who gave the technique as practised in the U. S. Army.

Dr. Banister also spoke on the use and effects of "606" in specific eye diseases.

The program was well received. Between 40 and 50 members were in attendance and all present expressed themselves as having greatly enjoyed the meeting.

In the evening a banquet was given at the Hampton hotel, the Phelps County Medical Society acting as host. About 50 guests were present.

Reported by

P. A. SUNDBURY, M. D.

NEBRASKA STATE ECLECTIC SOCIETY.

This society held its annual meeting in Hastings, Neb., the latter part of May. It was well attended by representative doctors of that part of all schools. It is said that the society recommended the reappointment of Dr. Cumings of Seward as member of the Board of Secretaries to the State Board of Health. The medical profession of Clay county are glad to note this recognition as he is certainly the right man in the right place.

"Why do we send missionaries to the savages?" asked the man.
"To civilize them."
"What good does that do them?"
"It educates them out of habits of idleness."
"And what then?"
"Then go to work."
"What do they work for?"
"To become prosperous and rich."
"What good does prosperity do them?"
"It procures them leisure and comfort."
"Which was what they had before you started stirring them up. What's the use?"—Cleveland Leader.

Digitized by Google

BOOK REVIEWS.

SEX HYGIENE OF THE MALE.

By George F. Lydston, M. D., Professor of Surgical Diseases of the Genito-Urinary Organs in the University of Illinois; 300 pages, 24 engravings. Cloth. Chicago: The Riverton Press, 1912.

Every parent, every teacher and every student of and beliver in eugenics should carefully read this book. The dangers that beset boys and young men are innumerable, and many of those who yield to temptation do so because of lack of instruction from their guardians. There is a natural delicacy on the part of the parent in discussing sexual hygiene with his son; but this book makes one's duty obvious, and the method easy. It treats of various sexual diseases and also how to build a firm physical structure by means of gymnastics.

The book is hardly proper for young men, but is invaluable to adults.

SURGERY AND SOCIETY.

A Tribute to Listerism. By C. W. Saleby, M. D., F. R. S. E. Octavo; 395 pages. New York: Moffat, Yard & Co., 1912. Price, $2.50.

This book champions the cause of surgery and challenges the delirious utterances of anti-vivisectionists. The breadth of the author's horizon is manifest in his conception of the effects of Listerism upon the national control of disease and its relation to the eugenic movement. A consideration of the English National Insurance bill is particularly interesting at the present time when the bill is under general discussion and the test of its value has not been demonstrated.

The book is written in a free, popular way and is designed more for the education of the public than for the inspiration of the medical profession. As a tribute to surgery it is of immense importance and is filled with information that might well be appreciated by surgeons for the purposes of taking their place in the public forum in defense of the benefits that surgery has contributed to humanity, and which are constantly being assailed by those suffering from what Dana has called the "zoophile neurosis."

THE DIAGNOSIS AND TREATMENT OF SYPHILIS.

Recent Methods in the Diagnosis and Treatment of Syphilis. (The Wassermann Reaction and Ehrlich's Salvarsan, "606"). By C. H. Browning, M. D., Lecturer on Bacteriology in the University of Glasgow, and Ivy McKenzie, M. D., Director, Western Asylums' Research Institute, Glasgow. Octavo, 303 pages. Cloth, $2.50 net. Lea & Febiger, Publishers, Philadelphia and New York, 1912.

In this age of research, one discovery treads so rapidly on the heels of another that their wonder and significance are apt to be overlooked. Ehrlich's final success after scientifically testing 606 chemical compounds is amazing in the vista it opens of the conquest of the most widespread and important of all human diseases. Scarcely less remarkable is the timeliness of the discovery of Wassermann's unerring test for the disease, which detects it even before the stage of visible lesions has been reachd. Thse two epoch-making discoveries complete each other by enabling the physician to prove the presence or absence of syphilis by Wassermann's test, to treat it radically, if present, with Ehrlich's Salvarsan, and afterwards to demonstrate absolutely when it has been eradicated by reapplying the Wassermann test. In this authoritative work readers will find a full explanation of the theory and principles of Ehrlich's and Wassermann's methods, their appli-

Digitized by Google

cation, and a discussion of Drs. Browning and McKenzie's cases, which are ample to give the stamp of experience to their writings. The widespread interest in the subject and in the book is shown by the fact that about half the edition was sold within a few days after publication.

SURGICAL TREATMENT.

A Manual of Surgical Treatment. By Sir W. Watson Cheyne, Bart., C. B., D. Sc., LL. D., F. R. C. S., F. R. S., Hon. Surgeon in Ordinary to H. M. the King; Senior Surgeon to King's College Hospital, and F. F. Burghard, M. S. (Lond.), F. R. C. S., Surgeon to King's College Hospital, and Senior Surgeon to The Children's Hospital, Paddington Green, London. New (2nd) edition. Thoroughly revised and largely rewritten. In five volumes, containing about 3,000 pages and illustrated with about 900 engravings. Price, cloth, $6.00, net, per volume. Lea & Febiger, Publishers, Philadelphia and New York, 1912.

This work will enrich every surgeon's library and increase his efficiency by supplying him with far fuller details of operations than is possible in general books or systems of surgery. The time and attention of readers are spared by the fact that the authors have presented only the procedures that in their vast experience have proved best, and they have thus been able to cover the whole field of surgical treatment in full detail, including the steps of operations. In writing these volumes the authors have endeavored to put themselves in the place of their readers, choosing the operation best suited to each case, and then presenting everything a surgeon might need to know, including the after treatment. Their work was warmly appreciated in its original issue, and this new edition, thoroughly revised in text, and with no less than 900 engravings, will receive an equally wide welcome.

PRACTICAL TREATMENT—Volume III.

A Handbook of Practical Treatment. In three volumes. By 82 eminent specialists. Edited by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania; and A. O. J. Kelly, M. D., Late Assistant Professor of Medicine, University of Pennsylvania. Volume III: Octavo of 1005 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Per volume: Cloth, $6.00 net; half morocco, $7.50 net.

It is sad to note that the capable editors of this three volume work on treatment did not live to see their third volume in print.. Dr. Musser was at the zenith of his medical career and an untiring worker both in the clinical and literary fields. Dr. A. O. J. Kelly was a younger man, but he had already proven himself of great value to the profession.

The contributions to volume III include a large number of noted American physicians and surgeons.

The article on the treatment of diabetes mellitus by Dr. Janeway is well handled and there is appended a comprehensive table of food values.

The therapy of diseases of the stomach and oesophagus is considered by Sippy and by Will Mayo. Sippy goes thoroughly into gastric ulcer and takes up the treatment of the fresh ulcer and of the results of the ulcer, and the treatment of special conditions. Mayo strongly impresses one with the idea that cancer of the stomach is a surgical disease and bewails the fact that the medical man waits too long before suggesting an exploratory incision, which in his opinion is the only means of an early diagnosis.

Moynihan takes up the special circumstances in operation upon the pancreas, and he is the only non-American who contributes to the volume.

On the whole, the third volume keeps up the high standard of previous volumes and is a valuable addition to any library.

BLISS, Omaha.

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Neb. Per Annum, $2.00. The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. Jonas, M. D., President — H. L. Akin, M. D., Sec.-Treas. — H. Gifford, M. D.
F. E. Coulter, M. D., V-Pres. — H. L. Burrell, M. D.

A. L. MUIRHEAD, M. D., Editor.

C. C. MORISON, M. D., Associate Editor.

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H.L.	Crowley, C. F.	Hamilton, H. P.	Owen, F. S.
Allison, C. C.	Christie, B. W.	Jonas, A. F.	Pollard, C. W.
Akin, H. L.	Davis, B. B.	Lake, F. W.	Rich, C. O.
Bryant, D. C.	Dunn, A. D.	Lemere, H. B.	Rix, R.
Bridges, W. O.	Foote, J. S.	Mack, A. E.	Stokes, A. C.
Crummer, LeRoy	Gifford, H.	Milroy, W. F.	Somers, A. B.
Coulter, F. E.	Henry, W. O.	Moore, R. C.	Schalek, Alfred
Condon, A. P.	Henry, E. C.	Moriarty, Pierre C.	Sumney, H. C.
Conlin, F. M.	Hollister, R. R.	McClanahan, H. M.	Towne, S. R.

Anderson, A. B., Pawnee City	Long, F. A., Madison	Poynter, C. W. M., Lincoln
Artz, C. V., Hastings	Von Mansfelde, A. S., Ashland	Hopkins, S. R., Hastings
Coats, A. J., Fairbury	McConaughy, R., York	Pickett, I. N., Odell
Dayton, W. L., Lincoln	McDonald, R. C., Fremont	Quigley, D. T., North Platte
Everett, M. H., Lincoln	McKinnon, A. I., Lincoln	Rork, L. W., Oxford
Hilton, D. C., Lincoln	Mitchell, A. R., Lincoln	Talbot, W. E., Broken Bow
Hildreth, M. L., Lyons	Orr, H. Winnett, Lincoln	Wilson, W. H., Lincoln

Vol. XVII. OMAHA, NEB., AUGUST, 1912. No. 8

EDITORIAL.

Federal Public Health Bills.

The writer has been in intimate contact with measures devised for the purpose of the creation of a national central department, or bureau, intrusted with all matters pertaining to the public health, since they took concrete form in the Council of Legislation of the American Medical Association.

From their inception there was a sharply defined difference of opinion as to their dignity and scope. One side insisted that nothing short of a department of health, with a secretary in the cabinet of the president as its head, would satisfy the requirements. On the other hand there were those who, with

Digitized by Google

the writer, believe that the attainment of the secretaryship would be a difficult and long drawn out task and that it would be easier, with beneficial results in sight, to be satisfied with the bureau or division in one of the departments, and especially if the present Public Health and Marine Hospital Service were made the nucleus of an enlarged and more efficient service, with the surgeon general the head of such service reporting, as now, to the secretary of the treasury, or, what would be more effective, to the president direct. No obstacles exist why the different bureaus and divisions, now scattered through many of the departments, could not be gathered into one group in the present Public Health and Marine Hospital Service. The writer has been for years in intimate touch with this service and its personnel. Physicians who are likely to read these lines will believe him when he declares that of all the working forces which constitute Uncle Sam's great government, none excel those of this service in their enthusiasm, their ability and the brilliant results of their labors.

Everybody knows this; mention need only be made of recent victories over disease and death. The work against yellow fever in New Orleans, the inroads on loathsome leprosy in Hawaii, the successful fight against the bubonic plague at San Francisco and the staying of Asiatic cholera at our Atlantic border. How unnecessary it seems to assert that adding to increased opportunities for good by increasing the opportunities for work and effectiveness will result in untold benefits to our people, their health and lives. And yet, regrettable as it is, the moment a move is made to put our nation, the only one of the great nations of the world still lacking such a service, into line with them, division takes place, not only in the halls of congress, but even in the ranks of our great profession, and the latter, at least, ought to know better. At the meeting of the American Medical Association at Los Angeles last year a very peremptory order was given that all the legitimate forces at the command of our great association should be employed to bring about an early establishment of a United States Department of Health. And with what results? One man, high in

Digitized by Google

the councils of the association, grown gray in its service, because he did not agree to details, by the very force of his power and influence, paralyzed the machinery of the association and the palsy extended its blight to the last day of February of this year and crept into the Council of Legislation. Our great journal even was kept from obeying the association's peremptory orders, though its efficient editor chafed under the restrictions which the hand of a friend, seemingly all powerful, had laid on him. At the Council of Legislation finally the deliverer appeared, with his wonderful oratory, he broke the chains which bound the association to inaction. Who can measure the harm one man inflicted?

The Public Health Bills in the Senate.

The first measure to be presented was the original Owen bill, and it was this measure which was so grandly espoused at the Los Angeles meeting of the A. M. A. and differed very materially from the bill in its present emasculated form. The first draft provided for a Department of Health, the head of which was a physician, to be a member of the President's cabinet. The present Owen bill provides for an independent Public Health Service, with a director who is not to have a seat or representation in the cabinet. The only reference to the qualification of this director is contained in the clause: "All appointments within the Health Service, including the head of the service shall be made without discrimination in favor of or against any school of medicine or healing." It also provides for the transfer to this new service of the present Public Health and Marine Hospital Service, of part of the present Bureau of Chemistry of the Department of Agriculture and of the Division of Vital Statistics of the Census Bureau; also for the establishment of a Bureau of Child Conservation and a Division of Sanitary Engineering, of Publications, and of Personnel and Accounts. Thus there are to be six bureaus or divisions dealing with technical, and one division dealing with administrative matters. Thus very little is left of the original Owen bill; and what is even worse, no provision is made for the per-

Digitized by Google

petuation of the Public Health and Marine Hospital Service, "its comparatively large body of commissioned physicians especially fitted by long training for a great variety of public health work; in addition, there are a number of highly trained scientists in the hygienic laboratory."

"The Smoot bill contains practically the same provisions for enlarging the health activities of the federal government as does the Owen bill, but does not provide for the transfer of a part of the Bureau of Chemistry of the Department of Agriculture. It does, however, provide for an assistant secretary of the Treasury Department, who is to devote all of his time to public health work, which would furnish cabinet presentation for the latter. The medical bureau (the Public Health and Marine Hospital Service) is made the predominating bureau, and to this it is proposed to transfer the Division of Vital Statistics. This would insure the continuance of the Public Health and Marine Hospital Service, which has not only served the public faithfully, but which has done much to uphold the dignity of the medical profession in its governmental relations."

The above quotations are from an editorial in the New York Medical Journal of April 20th, the conclusions of which are: "The Smoot bill is therefore by all means to be preferred to the garbled and emasculated Owen bill, which is essentially a different measure from that which received some support from the medical profession."

But is this the only rational alternative which may be deduced from the bald facts above enumerated? Is there not in this case a golden middle road upon which all good interests might meet and travel to a goal of the highest interest to all the people? There certainly is! And it is not occupied to a commanding degree by the medical profession. The interests of the people certainly demand that the Public Health and Marine Hospital Service in this new deal shall not only not be interfered with in the slightest degree, but that all changes shall invariably conduce to greater opportunities for this splendid factor in the fight for the preservation of health, the prevention of disease, the conservation of the life, and, therefore, the

Digitized by Google

happiness and efficiency of our people. What, then, is easier than the incorporation with the present Public Health and Marine Hospital service, of all the agencies which are mentioned in both the Owen and Smoot bills in the shape of divisions of that service and subject to the control of the Surgeon General thereof, who now is responsible to the secretary of the treasury; and full fruition of such an amalgamation might, indeed, be expected if, in addition, the provisions of a bill, for some time and now in congress, which provides for additional powers and, of course, work for that service, be also incorporated.

Public Health Bills and the People.

It seems almost unthinkable to assume that measures for the greater efficiency of the Public Health and Marine Hospital Service, and the creation of a National Health Department should not be promptly and favorably considered and made into laws for the benefit of all the people as soon as in their turn they are reached on the calendar of congress; yet the facts sadly disprove such optimistic imaginings. The former measure has been introduced into several congresses and has invariably died, to be resurrected with the recurring new ones; the same fate may befall the latter effort, and this fate seems to be peculiar to most measures affecting the public health; such was the fate of the pure food bill. Now there are two great forces which induce such indifference on the part of legislators. The first, the great mass of people are never very much aroused unless great plagues with their accompanying terrors scourge them into action; then their representatives in congress, with their ears always on the ground, quickly respond and will do, or pretend to do the will of their constituents, resulting in more or less favorable legislation. Sometimes this inertia of the masses is set into motion by leaders who realize the importance of such legislation; and while they are truly benefactors, they in many instances harvest the proverbial ingratitude of republics; of this class, members of the medical profession have most often been the workers and the sufferers.

The public health bills are no exceptions to this rule. No

Digitized by Google

one can see the crying need of such legislation more clearly than physicians; so they have taken the lead in the propaganda for their enactment. The other force above mentioned is always on the alert, always hard at work to prevent legislation which may destroy its interests, or its imagined rights and profits, and these latter, only too often the claims of selfishness and greed, defended by unscrupulous hirelings, who ache to divide the spoils, or by people who always suspicion that no one (because they cannot) can unselfishly serve his fellowmen, and so they fight, doggedly so, "ferninst" anything they do not understand, or that does not appeal to their fancies. Leaders and followers of the most dangerous type, against whom earnestness and unselfish devotion and persistence are the only weapons which will prevail.

Observe a recent speech in the senate against these health bills. Able in its perversion of truth, cunning in its twisting of facts, rash in its charges of everything that is selfish and ignoble against those who espouse the measures. The existence of an organization, ostensibly brought into activity for the protection of Medical Freedom, whatever that may mean; but in fact the tool of charlatans and quacks, and food and drug adulterators, whose every effort is bent on impressing into its service more defenders of their cause, that is, opposers of these health bills in the halls of congress, and to scare more into voting against these bills by the erection of scarecrows at once indecent and effective. Just one specimen of this method of propaganda:

"But sanitation is not so much the work of the doctors or other practitioners as it is of the skilled sanitary engineer. It is claimed to have been discovered that the sting of the mosquito caused yellow fever, the bite of a fly typhoid fever, and the ground squirrel is the carrier of bubonic plague. What is the remedy? Obviously, to exterminate the mosquito, the fly and the ground squirrel. This does not require the services of a doctor, or the use of drugs. When either of these breeders and disseminators of disease escapes and the disease is trans-

Digitized by Google

mitted to the human body, the doctor, with his drugs, is helpless to give relief."

How convincing! Who blazed the road for the sanitary engineer? Who discovered the mosquito's, the fly's, the ground squirrel's parts in these diseases? And until all these pests are exterminated, are all the people to perish? Or is it better, and in the order of Divine Providence, to use the antitoxin of diphtheria, the virus against typhoid fever to save the lives of a few children and grown up people, while the goody-goodies discover the means for, and the destruction of these pests?

And the moral? Just as the great orator in the Council of Legislation struck the chains from the American Medical Association, in bondage of one man's clutches, so the public, aroused to its best interest, must furnish the David to slay the slick trickster, i. e. at least his false tongue, with which he is trying to kill man's best friend, his physician, that his employer may survive to rob the people of health and life and the law's protection.

Authorities.

Progress is medicine and surgery has been retarded by too much devotion to what has been called authorities. Too often these authorities are near ancient, and frequently they have been written by a graceful writer who has had little experience.

Progress in medicine has also been retarded by extremists who practice by rules beginning with "Always and Never."

To illustrate, we have recently been led to the view that the tonsil is blameworthy for many additional ills. Indeed this organ has become the storm center, particularly among the Internists; it exposes the endocardium to infection, it lays the foundation for "Still's disease," it imperils the eye and prepares the soil for that multitude of ailments that have come under the caption of rheumatism, and at about the time when we are almost accepting this rather logical view, a writer having university connections, condemns surgical interference with this organ and recites a multitude of dangers which attend and follow the removal of the tonsils. To the writer it would seem

Digitized by Google

that these dangers might follow the unskilled removal, but these dangers could hardly occur at the hands of one having even reasonable experience.

Dismissing the merits of the above discussion, would it not be well for us to treat the individual case, that is, decide upon the therapeutics from the local conditions, and the probable and most reasonable bearing these and general conditions have upon secondary complications. ALLISON (Omaha.)

The University Medical School Building.

The attention of all the physicians who live and work in this community should be directed toward the new Medical School being built in Omaha, not only that they may know all about the structure itself but that their interest in an undertaking which affects the profession as a whole may be aroused.

Following hard upon the grant of funds by the State Legislature for such a school building by the University, came the question as to the exact legality of such a procedure. This having also been disposed of, work was started at once and today the campus is invaded by workmen and their equipment all struggling toward the completion of the first part of the plan—the remainder devolving upon the faculty.

The foundation has been raised to the level of the first floor and the form of a graceful symmetrical school building proper can be discerned. It is to be about 100 feet square, but the arrangement of the floors and halls makes somewhat of an L shaped outline. Four floors are planned and space has already been apportioned to various departments. Several lecture rooms of suitable size are conveniently placed. The idea of small classes and consequently small class rooms where instructor and pupil can work close together and so that large classes may be divided into smaller groups with more individuality and better instruction, is to be carried out to the letter. A large campus and facilities for athletics have been provided.

It is quality rather than quantity that the University is after. Now that the urgent demand for "Doctors" has been filled, the Faculty feels that the future progressive physician will require more and better training than those who are at present in the field received. The standard of entrance will be kept high and every facility for good work, we hope, will be afforded by the people of the commonwealth, for medical education should be in the hands of the people.

MORISON (Omaha)

Digitized by Google

ORIGINAL ARTICLES.

The Conservation of Breast Milk for the Young Infant

*By O. W. Everett, M. D., Lincoln, Neb.

It would seem unnecessary to go over the many disadvantages the breast fed infant has over the bottle fed baby, also to set forth by statistics the enormously increased morbidity and mortality of the latter class over that of the former.

I believe Koplik's (1) series of over one thousand cases from his own private practice gives an average percentage of the different groups. Of these 1,000 cases, one hundred and twenty-four or 12% only were entirely breast fed, five hundred and seventy-three or 56% were breast and bottle fed, and two hundred and eighty-six or 28% were bottle fed absolutely. We will first dismiss those cases who come under the absolute contra-indication for breast feeding.

Southworth (2) places those mothers under the following heads:

1. Mothers with active pulmonary tuberculosis.
2. Mothers with advanced diseases of the kidney.
3. Insanity.
4. Severe epilepsy.
5. Some abscesses of the breast.
6. Puerperal fever.

Goodall (3) believes a mother profoundly toxic and jaundiced should not nurse her child for the first few days, but after the toxemia has improved, it would be safe to pump the breast dry once or twice, then allow the child to nurse. If maternal convulsions come on post partum, allow the maternal elimination to go on until she is freed from a greater part of her toxemia and then empty the breasts before allowing the child to nurse.

With a little more care and patience on the part of the physician, together with proper management, a great number of bottle fed infants who have been taken from the breast upon various pleas of the mother's ill health, could be put back on the breast to the decided advantage of these mothers.

Those of you who do not pay particular attention to the subject of infant feeding can hardly realize how many babies are weaned each year because these mothers are told their milk is bad or insufficient when a little time and investigation would

*Read before the Nebraska State Medical Association, at Lincoln, May 7-9, 1912.

Digitized by Google

prove this was not the case. Very slight abnormalities in the infants hebavior and apparent abnormalities in its stools are often considered sufficient reasons for inaugurating bottle feeding.

Therefore my object in this short paper will be to take up the reasons most often given for not nursing the infant at the breast and endeavor to give either treatment or argument to combat these reasons.

Vomiting—In a normal child this is most often due to one of the three following causes:

1. Excessive or too frequent feeding.
2. Excessive fat in the milk.
3. Too much handling of the child immediately after its meal.

The vomiting due to the first cause usually occurs immediately after a meal, the vomited matter being as a rule unchanged and often uncoagulated. The time at the breast should be cut to not over 15 minutes and the breast should not be given oftener than every 3 hours during the day with not over 2 night feedings, in fact one is better; no matter what the condition of the infant may be, it is never well to cut this interval down. The feeding schedule for a young infant should be as follows: 6 A. M.—9 A. M.—12 M.—3 P. M.—6 P. M.—10 P. M.—and once between this and morning.

The baby should never be awakened during the night to feed. Personally I believe it is better to rouse them through the day, however, as Myers (4) says, "Each case must be decided on its merits. There are some children who show a tendency to turn night into day."

The vomitus due to excessive fat is distinctly sour and acid smelling like rancid butter and usually occurs from one to one and one-half hours after feeding, i. e., after fermentation has occurred. This is best overcome by crowding the amount of water the mother drinks, the partial or complete exclusion from her diet of milk, soup, malt liquors, and meat. Increase her exercise, and by this I do not mean household drudgery. Before each nursing give the baby one-half to one ounce of warm boiled water. The remedy for too much handling of the child is helped by laying the infant on its right side so that the rapid emptying of the stomach may be favored.

Colic—Is nearly always the result of fat indigestion and will in most cases yield when the feeding interval is lengthened and the treatment as given above for excessive fat in the milk

Digitized by Google

is instigated, yet there are babies who will continue to have colic in spite of all one can do. If these infants do well otherwise, it is not wise to wean them for this alone and you are safe in assuring these mothers that each day they are getting farther from this trouble, for in almost every case it would be overcome untreated, before the end of the third month. For this condition, Rotch of Boston gives the following: Sodium bicarbonate 40 grs., Spirits of Ammonia Arom., 40 M., Glycerine, 40 M., Peppermint water qs ad 2 oz., Sig—One teaspoonful between feedings.

Abnormalities of the Stool—Fermentation disturbances and bowel infection may occur in breast as well as bottle feeding and may necessitate temporary withdrawal of food. Where this is necessary, care must be taken to empty the breasts regularly in order that the supply may be preserved. Seldom will you have to skip more than three breast feedings and during this time give the baby barley water made by adding one teaspoonful of barley flour to one pint of water, cook for half an hour in a double boiler, cool, strain and give the number of ounces indicated.

Abnormalities of the stool such as moderate frequency, fat curds, lack of smoothness and even small amounts of mucus are not the cause of alarm they would be in bottle fed infants.

Menstruation—is often established soon after puerperium and in nearly all cases before six months. When this causes trouble for the baby it has been my experience that the day before and the first day of menstruation are the ones most at fault and it is sometimes better at these times to feed either the barley water or a weak formula of cow's milk. The quantity of milk does not seem to be much affected by the presence of menstruation.

Jacobius (5) states that in the clinic for infants at Berlin, where prizes are offered for the longest nursing of the children, the author has never seen a case in which it was necessary for the mother to stop nursing the child on account of the beginning of menstruation.

Sore Nipple—A common cause of this condition is too frequent nursing. Most any nipple if nursed every 4 hours during the first three days, will, from the tugging and pulling on a flabby empty breast, result in an erosion or fissure. Such a nipple should not be nursed from directly, but be protected by a nipple shield. The glass shield with rubber nipple and guard is the most serviceable. Immediately after each nursing the nipple

Digitized by Google

should be painted with a solution of nitrate of silver, 20 grs., to the ounce of water, and then covered with a piece of sterile guaze. If this is objected to on account of the pain, the compound tincture of benzoin may be used.

By bathing the nipple frequently during the last month of pregnancy with a saturated solution of boric acid in alcohol, this trouble can often be prevented. After the delivery, an order to keep the baby from the breast for eight hours, and then to be nursed from one breast at each nursing alternately, also to wash the nipple before and after each nursing with a solution of boric acid, will avoid trouble.

Loss of Weight—While I do not believe the initial loss of weight in a new born infant is physiological, in fact Griffith (6) has shown that by the exhibition of the milk of another nursing woman until the mother's secretion has been established, this can be prevented, yet this loss does not justify the administration of any artificial food during the first few days of life.

Not Enough Food—There is but one way to decide this and that is by means of the "test feed." With an accurate scale the infant is weighed before and after nursing, those who have never tried this method have a surprise in store for them and as an aid to diagnosis and for accurately adjusting the amount of food given in supplementary feedings or at the time of weaning, the "test feed" soon becomes absolutely indispensable to those who have had experience of its advantages.

Pritchard (7) of London says, "As far as my experience serves me there is no criterion by which we can judge during the puerperium whether a woman is capable of ultimately secreting a good supply of milk or not and further than this, I am prepared to say there is no medical man living, however skilled in maternity work, who can estimate, apart from the test feed, whether an infant extracts a small quantity of milk from the breast or not."

Should we find a real variation in quantity, it can often be corrected by giving the mother more or less fluid, regulating the exercise and preventing nervous disturbances. If the infant is actually getting too little it seems better to supplement each nursing by a small bottle feeding rather than to discontinue any of the nursings at this early age. For the first ten days, one oz. of whey to which has been added 10 drops of cream given immediately after the breast feeding, will often turn the scale. For a child a few weeks older, the amount of whey and cream can be increased.

Digitized by Google

While the common way is to replace one or more breast feedings by bottle, when this is done the stimulus to the mammary glands is partly withdrawn, and as a result the supply diminishes more rapidly still and spon another and another bottle feeding must be added until in a short time the child is weaned.

Sooner or later the time will come with most women when the supply of milk is insufficient, and at this time mixed feeding, from breast and bottle, is usually resorted to.

It has been shown that breast milk may be made to reappear in a breast that has not functionated for more than two months (Herman "8"); also that breast feeding may be possible in an infant even when several preceding infants of the same mother were artificially fed.

A nursing mother's diet should be generous and varied. There are practically no articles of diet which, if they agree with the mother, will cause the milk to disagree with the child.

To increase the quantity of the milk, give more nutritious diet, more milk and cereal gruels.

To increase the fat, give milk and meat.

To decrease the fat, give less meat, and increase the water.

To increase proteid, give more meat and eggs, lessen exercise.

To decrease proteid, increase exercise to point of fatigue and decrease meat.

The nursing mother, if she does not nurse the baby too often, will have better health, will gain in weight, and preserve a better figure, her baby will do much better, and she will have less work and more time to herself than she would have should she properly feed the baby with the bottle.

REFERENCES

1. Koplik, Journal Am. Med. Assn., Jan. 13, 1912.
2. Southworth, American Journal, Obst., July, 1911.
3. Goodall, Arch. of Pediatrics, Jan., 1911.
4. Myers, Pediatrics, July, 1910.
5. S. Jacobius, Arch. of Kinderheil. Bb. LXXXIV., H. 1 and 2.
6. Griffith and Gittings, Arch. of Pediatrics, May, 1907.
7. Prichard, Lancet, Sept. 2, 1911.
8. Herman, American Journal Obst., July, 1911.

DISCUSSIONS.

Dr. W. B. Christie, Omaha:

Mr. President, Members of the Society: This is a surprise to me. I expected to be a silent member here. The paper was a very admirable one. I don't think it could be improved upon in any particular. I think, however,

Digitized by Google

there is one salient point that might be emphasized along the line of mother feeding, feeding at the breast, which I did not hear spoken of in the paper. I was not here during the whole of the paper and cannot say positively as to that; but it is a fact that all of us have known and observed that the condition of the mind in the mother has more to do with her milk and the condition of her milk than any one thing. I do not care how much or what kind of food the mother has, if she has not quiet and rest, if she has not freedom from excess of worry, grief or fright or anything that affects the emotions, if she has not freedom from these things, she will certainly have interference with both the amount and the quality of the milk which will work to the detriment of the infant. And it seems to me that this, perhaps, is the most important thing, or surely is as important as any of the other things that influence the mother's milk.

Dr. J. M. Mayhew, Lincoln:

In listening to Dr. Everett's paper I noticed he refers very strongly to the weight method which I think might become as much a matter of error as a matter of absolute virtue unless it is made over a longer period than one or two feedings. Feeding ought to be continued for at least twenty-four hours and then computations made in order to get the real value of the test feeding.

The question of the conservation of mother's milk is undoubtedly important but the conservation ought to start before the child is born. The sociological movement, which the large cities now are taking up, the treating of mothers under proper hygienic surroundings before the child is born, are developing the fact that these things have a great deal to do with the conservation of milk. After the child is born the mother ought by all means to get her modicum of fresh air, proper diet and above all things, her rest, which should be both physiological and mental. A woman who is shut up with a child, whether it is crying or not, for twenty-four hours out of the twenty-four, day in and day out, week in and week out, for a period of five, six or seven months, certainly cannot be expected to supply a very good amount of nourishment for that child. To this end I have followed out in my own practice a simple rule which is absolutely safe, inasmuch as we know now how to handle cow's milk safely and that is, after the first thirty days to give the child one bottle a day, allowing the mother to skip one feeding. That allows the baby to be turned over into the hands of any nurse for a period of six hours, gives the mother absolute freedom from the care of the child for that length of time; she may go visiting; she can get out in the fresh air; she can go to a ball game or anything else that she wants to do and get away from the care of the child. This bottle feeding is, of course, increased afterward as necessity demands, but at the beginning of the first or second month, I give one bottle of milk every day.

I was very much interested two years ago in a plan for increasing mothers' milk, a plan on which Dr. Hinchey of the General Maternity hospital of St. Louis was experimenting at that time. He had taken the attitude that the human being was the only creature who did not absorb certain membranes which come with the afterbirth, and in experimentation he discovered that the powdered macerated extract of some portion of the membranes would materially increase the flow of mother's milk if it was fed in large enough quantities. I do not know that he has succeeded in producing milk from the virgin or milk from the male yet, but he has gotten a long way, and from observations that I was able to make I think there is some truth in his work.

Dr. W. O. Henry, Omaha:

I would like to ask a question or two. What if any effect does pituitrin have in increasing the milk secretion? That is a new thing that has recently been developed and I am wondering if those women who have difficulty in secreting milk for the baby would get any beenfit from that sort of treat-

Digitized by Google

ment. The other question is this: Should women who have tubercular processes in the bones or in any part of the body, nurse their babies?

Dr. O. W. Everett, closing:

The point Dr. Christie makes I took up before he came in, I think, however, it is of a great deal of importance. Young mothers, particularly, are persuaded by their neighbors or friends that they have not enough milk and all of these influences do affect them. As to the test feed, it is a fact that an infant two months of age weighed at one feeding may show on the scale from one-half to two ounces in the stomach, but if when we have these cases to deal with, we have them weighed over a period of twenty-four hours and then add the sum total of the milk they receive at the different nursings and divide it by the number of feedings we will find it will average up and the baby is getting the full amount.

As to Dr. Henry's question, it would seem that thyroid extract will increase the flow of milk quite considerable and will do it within half an hour, yet it does not seem to be a permanent effect. I intentionally left out any reference to this because I believe the majority of mothers have the milk and good milk; and there is a psychical element present when you commence prescribing medicine.

Now, the point of tuberculosis, I would suggest that the mother immediately wean the baby. Some of the authorities say it is safe to nurse if there is not a pulmonary infection.

I believe each case has to be decided as it is met.

The Culture Treatment of Typhoid.

*By William Ream, M. D., Walthill, Neb.

The use of anti-typhoid serum as a prophylactic is, I believe, so well established that I will not dwell upon it only to mention that during an epidemic in Walthill, Nebraska, during June, July and August, 1911, I used it as a prophylactic on some fifty persons who had used water from an infected well from which about seventy-five cases developed. With but one exception, none developed a temperature who gave a negative Weidal reaction before inoculation of the serum. This one exception ran a slight temperature (101 degrees F.) seven days following the second inoculation of 500 m killed bacteria. In two days the temperature subsided and in a week she resumed her duties as assistant in the postoffice.

A description of the source of infection that caused such a wide-spread epidemic will probably not be amiss:

The population of Walthill is about 1,400, and it supported a popular cafe that had its water supply from a well twenty feet deep and, in the light of investigation, it developed that some fifteen feet distant was a privy vault twelve feet deep, through which it was directly contaminated. A municipal elevator company gave a banquet to the farmers and their wives. Plates

*Read before the Nebraska State Medical Association at Lincoln, May 7-9, 1912.

Digitized by Google

were laid for eighty. Closely following this there was a three-day carnival in town, and hundreds were fed at this cafe aside from the regular customers.

With this powerful impetus, when the blow fell it was like a "bolt from the blue." Whole families were stricken at once, and, after the first few cases, realizing the futility of present medical treatment of typhoid, we resolved to try the serum treatment.

We employed Typho-Bacterin almost exclusively during the summer, giving about five hundred injections. The method employed was as follows:

As soon as a person came to us who had used water from the infected well and showed any typhoid symptoms, a specimen of blood was procured and examined by the Weidal method. If the test proved negative, 250m killed Bacteria were injected, and the persons were instructed to return in ten days, at which time 500m were given, then in ten days following one billion were administered.

It was noted that some of those who attended the banquet or were regular boarders at the cafe, but did not give a positive Weidal before the initial injection of serum, developed a marked reaction following especially the second inoculation and lasting from twenty-four to forty-eight hours, and these, I am positive, would have run a course of typhoid had not the serum been used immediately. Those who gave a positive Weidal reaction were put to bed, a trained nurse employed and, regardless of age or the time they had been ill, were immediately given the serum.

To a child of three (two of which were of this age) 50m were administered. To an adult 150m were given every other day until the temperature—which lasted from forty-eight hours to one week—was normal.

One thing is certain in the greater majority of cases I had—the sanitary conditions were very bad. Most of them lived in reservation shacks, and, in not a single instance did the disease spread to any not already infected, one fact in favor of its prophylatic power at least.

In the whole series of cases in which the serum was used there was the absence of any complications. In one case of a man twenty-one years old, who gave a positive Weidal reaction, there was also a double pneumonia—the apices of both lungs the only free area, oxygen being resorted to early in the case. In eight hours after 150m Typho-Bacterin were given the temperature dropped three degrees and the typhoid symptoms, such

Digitized by Google

as tympanitis, delirium, sordes on teeth and tongue, disappeared and he ran a typical case of pneumonia, but 50m Typho-Bacterin were continued every other day for two weeks. The reason the injections of Typho-Bacterin were continued for this length of time was from fear that all typhoid bacilli in the system were not destroyed. The literature on this subject is so meagre and no ill effects were observed from its use, but a continued improvement in the condition of a patient who previous to its use was practically moribund.

One class of cases I wish to cite is that of five Omaha Indians, a class of people in which it is impossible to carry out any routine of treatment, as they do not give the medicine when or how directed, nor feel the necessity of any precautions in either diet or sanitation. These five gave a positive Weidal reaction.

One of these, G. S., male, aged twenty-five, was given four inoculations of Typho-Bacterin. It was noted following each injection that the temperature would rise from two to four degrees and would drop in a few hours to normal or sub-normal. After four injections it was discontinued and temperature remained normal.

Another Indian, C. W., male, twelve years of age, presented symptoms of profound toxaemia. Temperature 103 1-10; was given 50m Typho-Bacterin and temperature dropped to 100 degrees in five hours after administration. In forty-eight hours it rose to 102, when 50m were again given; temperature dropped to 100 6-10 within twelve hours. It rose to 103 degrees twenty-four hours after injection, when 50m were given, and temperature gradually declined to 97 6-10 in the morning. On the ninth day of the disease 50m were given and the temperature rose to 101 4-10 four hours afterwards. From this time the temperature never rose above 98 6-10, and the case made an uneventful recovery.

I wish to cite particularly the case of Anna Black Bird, aged nineteen, in a typical Indian home and nursing a baby. She would not lie quiet. When able to move she would get out of bed and try to sit up, for they believe they will surely die if they remain in bed. This patient was profoundly infected and, as she lived some distance out on the reservation, I was only able to see the case every other day. At each visit 150m were given. The temperature remained 103 degrees for six days, during which time four doses had been given. At this time the temperature and symptoms subsided and in two weeks she had fully recovered.

Digitized by Google

The interesting point in this was that she had no care, ate anything the rest of the family did—jerked meat pemmican (which is composed of jerked meat and dried berries ground up with beef marrow), and in spite of this diet and lack of care and moving about she made a good recovery.

In the case of W. B., white, forty years old, mail carrier. He had drank daily from the well. Called to see him June 28. Temperature 104 4-10; pulse 96. Positive Weidal reaction. Gave 250m Typho-Bacterin. Called again June 30. Temperature 104, pulse 96. Gave 150m Typho-Bacterin. Nurse employed July 1. Temperature 102 2-10. July 2, temperature 98 6-10. Given 50m Typho-Bacterin, after which temperature rose to 100 degrees. July 4, temperature 99; 50m Typho-Bacterin given. July 6, temperature dropped to normal. Three days later the patient would stay in bed no longer, and the following week began carrying mail.

In the beginning of this epidemic I only gave the Typho-Bacterin as a prophylactic, as before stated, and only resorted to it as a therapeutic agent when the cases proved so very severe, all running a course of from five to ten weeks, with exacerbation of symptoms and temperature about the third week and running up to 104, showing an extreme type of infection, and this in cases that had every care, in good homes, with excellent nurses.

After I began the use of the Typho-Bacterin every other day in the seventeen cases in which it was used, fourteen were markedly benefitted, the temperatures went to normal in from three to ten days with no fatalities, and in three cases it had no effect either for better or worse.

In this epidemic I had thirty-seven cases, with one death.

The serum was not used on the one fatal case, unfortunately, she being one of the first cases and her previous health very poor. She became comatose almost from the start. Her prominent social position and the fact that her relatives were widely scattered; and, upon their arrival, I asked for consultation, who advised against its administration. I had, however, given 150,000,000 killed bacteria a few hours before calling him. Twenty-four hours after its administration the temperature dropped from 103½ to 101 degrees F. The patient died a week later from cardiac failure. The reason for administering widely different doses at first was to determine a correct efficient dose, which I found to be 150,000,000 every other day to an adult. I am confident that, had I known of the efficiency of the serum and how to properly administer it, at the onset, I could

Digitized by Google

have limited the course of the illness to a few days, with no fatalities. It was with considerable timidity that I pioneered in the Serum Therapy of Typhoid.

The only medical treatment employed was strychnia sulphate as a heart stimulant when needed. Phenyl salicylate in capsules of five grains each every three hours was given, with the hope of establishing intestinal asepsis, and where there was troublesome tympanitis, which was rare, five drops each of the oil of eucalyptus, oil of terebene and the essential oil of cinnamon were given in capsules every three hours to control the same. Calomel was used in ¼-grain doses every hour, until one grain was given, every two or three days to control the bowels. No other cathartics were found necessary.

DISCUSSION.

William Ream, Walthill (distributing a number of records of cases treated).

Dr. W. O. Henry, Omaha:

I did not want to speak on this, but it is a very interesting paper and the doctor ought to be congratulated on his sort of pioneer work. Two years ago I was in the laboratory of this Sir Almoth Wright, the man who evolved this method of treating typhoid fever. He is the man who worked out the problem and used the remedy in the British army, and reduced typhoid in the British army 90 per cent. Those of you who are familiar with the record will recognize that fact.

While in his laboratory I asked him this very question, if results in using the typhoid serum as a preventive are very good, what would you say of treating typhoid in this way? Suppose you have a case of typhoid, would you use the vaccine? He said: "I never have had a case in London where I have had an opportunity to use it as the treatment," in other words, typhoid is so very rare in London, but he says: "I would recommend it." "When you get back to America, I would recommend you to try it. You will have to act in a very cautious way, though, because I do not know how it will act." So I think the doctor is to be congratulated on doing some good pioneer work. He has shown by his experience here that it was very effective.

Dr. S. C. Beede, David City:

Just a word about terms. I am glad the doctor read this paper. I hope another year there will be many more reports upon the use of typhoid vaccine or serum, is it, that is what I wish to ask?

Dr. J. Lue Sutherland, Grand Island:

I would like to ask the doctor if he at any time used the serum in cases that he knew were exposed. Of course we have the reports of the cases that were treated in the army with results, but when it comes a little closer home it might encourage some of the rest of us to use the prophylactic as well as the treatment.

Dr. Ream:

Doctor, do I understand you as a preventive in those who have not been already exposed?

Dr. Sutherland:

No, those who have been exposed.

Digitized by Google

Dr. Ream, closing.

I am glad you brought up that point. There were some eighty people who were at this banquet, who drank water from this well that was infected directly from this vault. There was one that I mentioned in my paper who ran a temperature two or three days after being inoculated. The well was just back of the postoffice; it was the assistant postmaster who drank daily from the well. The postmistress was the case I referred to that died. She was profoundly infected from the first; was a delicate, frail woman. Her parents and relatives were widely scattered through the country and it was not with any small degree of timidity that I began the use of this serum as a therapeutic agent. There were probably fifty people came to me who had drunk water from this well. The method that I employed was this: when they came to me I would take a specimen of blood, examined it, and give them an inoculation if they had been exposed. None that gave a negative Weidal reaction before inoculation ran a temperature with the exception of this one girl and none had typhoid. There are a number of cases that I did not cite in which I began the use of the typhoid serum, after they were taken sick. The patient that I referred to that had pneumonia was practically moribund. We ran our electric light plant there at night. I had them run it day and night to give him all the air we could. I gave him oxygen and as a last resort I began the use of the typhoid serum. His temperature dropped and he ran a typical case of pneumonia. His delirium disappeared and I have several other cases in mind that I began using it in after they had typical typhoid symptoms even, that gave a positive typhoid reaction. I thank you.

ABSTRACTS.

Proyphylaxis of Poliomyelitis.

Netter (Journal de Medecine de Paris for April 20th), considering that his researches and those of others have proved definitely the contagiousness of poliomelitis, advises, for prophylaxis, in addition to sequestration of the patients, rigid cleanliness of the nose. Hydrogen peroxide, menthol, and potassium permanganate are useful locally, and hexamethylenamine is advised for internal use, since this substance appears promptly in the cerebrospinal fluid. Hopes are entertained of endorrhachidian use of a serum.

Alkalies With Phenolphthalein.

Phenolphthalein had been added to certain wines to impart a desired color. Wine thus colored was found to be laxative and in this way the laxative properties of phenolphthalein were discovered. However, it was some time later before it was learned that the action was enhanced by the acid of the wine being naturally converted to a carbonate in the process of digestion. In patients whose stools are neutral or acid, phenolphthalein has little or no effect. An alkaline reaction can be as-

Digitized by Google

sured by giving a fruit acid, sour wine or lemonade along with the drug, or by combining it with sodium bicarbonate in enteric pills.—Med. Review of Reviews.

Treatment of Purulent Peritonitis.

In a report from the Surgical University Clinic of Basel Dr. Iselin (Deut. Ztsch. f. Chir., Bd., 110, Hft. 4-6) remarks that prolonged application of heat to the abdomen after operations and in inflammatory conditions is of decided benefit. This is accomplished by the electric thermophore, which is employed after all the author's abdominal operations, as he feels convinced that heat stimulates the peristalsis. In inflammatory irritation of the peritoneum the heat promotes absorption and prevents intestinal atony. The best results, however, were obtained in purulent peritonitis, after the cause had been removed by operative intervention. During the operation it is of special importance to thoroughly irrigate the abdominal cavity with 0.9 per cent saline solution at a temperature of 42 C., this being followed by adequate drainage with a tube.

Tincture of Digitalis.

Goodall (British Med. Journal) has examined some twenty-three samples of tincture of digitalis during a period of three years with special reference to their strengths and keeping properties. He found that nearly 50 per cent of the samples showed some departure from an average standard of activity. The limits of the variation were from 275 per cent over strength to 40 per cent under. It seems safe to believe that the tincture retains its full activity for one year, but that after that period deterioration is likely to take place.

On The Use of Radium in Ophthalmology.

Ryerson in the Canadian Medical Association Journal for December, 1911, says he believes that in radium we have a powerful, new aid to the therapeutics of the eye. In the cases of rodent ulcer and epithelioma of the lids, angioma, trachoma, spring catarrh, and in certain ulcers of the cornea, he can safely say that definite results have been obtained.

In conclusion, he asserts he can state, without exaggeration, that radium has proved its worth. As is the case with all new methods of treatment, too much has been expected of it, and the impossible has been attempted. True, carcinoma is still out-

Digitized by Google

side the possibilities of cure, while sarcoma, if superficially situated and of recent growth, will rapidly melt away.

Painting the Peritoneum With Tincture of Iodine in Tuberculous Peritonitis.

Hofman (Muench. Med. Woch.) reports four cases of tuberculous peritonitis in which he painted the peritoneum with tincture of iodine. He used a ten per cent solution, which he applied not only to the peritoneum, but also to the omentum and to the intestines. He then closed the incision. He observed, forty-eight hours after the operation, a chemotactic peritonitis without fever, after which time recovery followed without interruption. Four weeks after the operation the patients were discharged as cured, and he could not see any detrimental influence of the tincture of iodine. He states that other cases must be added before we can come to a definite conclusion.

Experiences With Rosenbach's Tuberculin.

In order to avoid the poisonous effects of some of the albuminoids contained in Koch's Old Tuberculin, Rosenbach has added to a 6 to 8 week old culture of the tubercle bacillus, a culture of a mould fungus (Trichophyton holosericum). The extract of this mixture can be used in much larger doses than can the old tuberculin. Rosenbach's reports sound encouraging and to test their reliability Kohler and Plant (Abst. in Fortschritte d. Medizin, 14, 1912) working in the clinic of Hiss, made the following tests: Eighty tuberculous patients were divided into two equal groups, as nearly similar as possible. One group was treated with Rosenbach's tuberculin; the other without. The result showed a marked difference in favor of the first group, both as regard subjective and objective conditions, as well as body weight. The Rosenbach product is one hundred times less poisonous than the old tuberculin. Kohler and Plant recommend beginning with 0.1 gm., giving the injections twice a week and increasing each time by 0.1 gm. up to a final dose of 2.5-3.5 gm., being careful to avoid marked reactions. The only objection seems to be that the Rosenbach tuberculin causes a strong cutaneous reaction at the point of injection, which, however, is easily controlled by cold applications.

GIFFORD, Omaha.

Digitized by Google

The Official Preparations of the U. S. P. and N. F.

The formulas for the excellent therapeutic agents commented upon in this article are the result of the most careful work on the part of our eminent physicians, pharmacists and chemists, whose sole consideration in evolving them was to furnish the members of the medical profession with the best curative agents with which to combat disease.

Special preparations, more or less similar to the official ones, are exploited to physicians by various manufacturers, "chemical" companies, supply houses, etc., under fanciful names, but they cannot, in the very nature of things, have any superiority over the official preparations. This fact is self-evident to every thinking physician.

Again, in most cases, the physician is importuned to prescribe these "specialties" in original containers, which, being accompanied by descriptive literature of the most alluring character, has been the cause of a great part of the self-medication craze, with its consequent loss of physician's patients.

Pilulae Antineuralgicae (1), N. F.

The Antineuralgic pills (10, of the National Formulary), offer the physician a standard preparation in those cases of neuralgia where for some reason the coal-tar analgesics, bromides or other agents cannot be employed.

Each pill contains Quinine Sulphate, 2 grains; Morphine Sulphate, 1-20 grains; Strychnine, alkaloid, 1.30 grain; Arsenic Trioxide, 1.20 grain, and Extract of Aconite Leaves, 1-2 grain.

The average dose is one pill.

These pills, as indicated by their composition, are of benefit in congestive neuralgias and acrodynia of the extremities; in the periodical types and in that of the supra-orbital nerve type especially; also in visceral neuralgia.

Sal Carolinum Factitium, N. F.

Artificial Carlsbad Salt is a combination of salts efficient as a hydragogue cathartic. It contains 2 per cent of Potassium Sulphate, 18 per cent of Sodium Chloride, 36 per cent of Sodium Bicarbonate, and 44 per cent of Dried Sodium Sulphate. The dose is from 4 to 8 gm. (60 to 120 grains).

A solution of 1 gm. of this salt in 200 Cc. of water represents approximately the Carlsbad Sprudel Water in its essential constituents, forming a mild saline aperient.

It does not induce irritation of the intestine. The more di-

Digitized by Google

lute its solution, the more prompt will be the effect. Little catharsis is produced when administered in concentrated solution.

Syrupus Rubi Aromaticus, N. F.

The Aromatic Syrup of Blackberry, in doses of 8 Cc. (2 fluidrams), is a usueful aromatic astringent, and an elegant vehicle for such astringents as Tincture Gambir Co., Tr. Kino, the insoluble Bismuth Salts, etc. Each dose contains 15 gr. Blackberry root with small quantities of Allspice, Cloves, Cinnamon and Nutmeg, in a heavy syrup made from Blackberry Juice and Sugar. Alcohol content, 12 per cent.

A Summer Health School in Kansas.

Since the secretary of the Kansas State Board of Health started the slogan, "Swat the flies," and led the way in the campaign against common drinking cups, roller towels and other long accepted abdominations, the public has come to look to Kansas for advanced ideas on health matters. The announcement of the second annual summer school for Kansas physicians and health officers, to be held at the state university, June 10-15, is another evidence of progress in the sunflower state. County and city health officers and physicians interested in public health work are to devote a week to the study of methods of sanitation, water supply, sewage disposal and other sanitary measures. Medical officers of the United States Public Health and Marine Hospital Service and other well-known scientific men are to lecture, conduct laboratory courses and give demonstrations of food, drug and house inspections for the benefit of those in attendance. This plan will without doubt be of great value in developing competent local health officers and in improving the health of the people of the state.

Hydrophobia (Rabies).

A case of hydrophobia in a child 3 years old is reported by J. G. Cumming, AnnArbor, Mich. (Journal A. M. A., May 18), who also gives a good description of the disease and its diagnosis. After mentioning the popular erors in regard to the dread of water by rabid animals and the special dangers of the disease in hot waather, he says it should not be confused with the disease commonly called fits in dogs, which lasts only from thirty minutes to two hours, as against six or seven days in rabies. Rabid dogs seldom foam at the mouth; they may drool

Digitized by Google

from deglutitory paralysis, but a dog with fits froths profusely. A rabid dog never recovers, as is often the case with dogs with fits. The latter disease should not be confused with rabies if the histories are taken into account and the Negri bodies are absent. The specific virus has its normal habitat in the nervous system and is only temporarily virulent anywhere else. It is readily destroyed by heat and drying, and when introduced into a wound it must come in contact with a broken nerve trunk to survive and reproduce itself. It is usually spread by dogs, 90 per cent of cases being due to their bites. Other animals are liable to it and may convey it. The disease may develop, however, simply from a rabid dog licking a scratch or from its saliva coming in contact in any way with an open wound. In the paralytic stage of the disease the dog is not aggressive, but this is not so common as the furious delirium which usually appears early and in which it is liable to attack anything in its way. Death results from complete paralysis, usually in from two to seven days after the first appearance of the symptoms. In the laboratory at Ann Arbor they have observed the virus to the third and fourth generation, verifying the diagnosis by laboratory tests. All the dogs of the fourth generation of rabies were killed but one, which the owner wished to keep to assure himself that it was mad. After an incubation period of four weeks, it also became rabid, and not being properly restrained, caused one human death from the disease.

Presiding Judge George H. Hutton, of the superior court, Los Angeles, has attracted the attention of thinking men by the advanced stand he has taken in advocating the rational treatment of the so-called insane and criminal classes. His Honor would parole many of the insane that are now incarcerated in asylums, and would consider every criminal as an invalid until competent physicians had declared him healthy. Undoubtedly the physicians of this region will do all they can to further the cause of humanity that Judge Hutton is championing.

We do not as a rule endorse therapeutic suggestions from laymen, nor do we believe in spring tonics, but this, from the Farm journal of Philadelphia, is about the best we have seen:

An excellent spring tonic, after several months of hovering around the fireside, is a good sawbuck, a sharp saw and a pile of hard wood. We know it, for we have tried it.—Buffalo Med. Journal.

Digitized by Google

COUNTY SOCIETY EDITORS

E. G. BARNHARDT, M. D., Department Editor.

A. B. Anderson, M. D., Pawnee City, Pawnee Co.
S. M. Baker, M. D., Alma, Harlan Co.
E. D. Banghart, M. D., David City, Butler Co.
H. H. Bellwood, M. D., Alliance, Box Butte Co.
J. S. Blanchard, M. D., Kearney, Buffalo Co.
J. H. Boyes, M. D., Hebron, Thayer Co.
F. A. Butler, M. D., Harvard, Clay Co.
E. S. Case, M. D., Stockville, Frontier Co.
W. F. Conwell, M. D., Neligh, Antelope Co.
Rachel M. Cooper, M. D., Aurora, Hamilton Co.
J. W. Craig, M. D., Minden, Kearney Co.
W. L. Curtis, M. D., Fairbury, Jefferson Co.
Sidney Eastman, M. D., Belgrade, Nance Co.
W. F. Engleman, M. D., Grand Island, Hall Co.
A. P. Fitzsimmons, M. D., Tecumseh, Johnson Co.
C. P. Fordyce, M. D., Manley, Cass Co.
C. L. Hooper, M. D., Butte, Boyd Co.
S. R. Hopkins, M. D., Hastings, Adams Co.
F. A. Long, M. D., Madison, Madison Co.
Jno. I. McGirr, M. D., Beatrice, Gage Co.
F. J. McRae, M. D., Albion, Boone Co.
W. F. Mitchell, M. D., Superior, Nuckolls Co.
M. M. Newbecker, M. D., Ord, Valley Co.
A. P. Overgaard, M. D., Fremont, Dodge Co.
Syl. Person, M. D., Stanton, Stanton Co.
C. D. Piasecki, M. D., St. Paul, Howard Co.
D. T. Quigley, M. D., North Platte, Lincoln Co.
M. A. Quincy, M. D., Ashland, Saunders Co.
Howard W. Quirk, M. D., Crete, Saline Co.
D. J. Reid, M. D. McCook, Red Willow Co.
B. F. Richards, M. D., Crawford, Dawes Co.
H. P. Sheldon, M. D., Scottsbluff, Scotbluff Co.
L. H. Sixta, M. D., Schuyler, Colfax Co.
Hal C. Smith, M. D., Franklin, Franklin Co.
P. A. Sundbury, M. D., Holdrege, Phelps Co.
A. E. Wade, M. D., Lexington, Dawson Co.

NEBRASKA NOTES AND NEWS.

Dr. G. I. Sellan is a new physician in Broken Bow, Neb.

Dr. Hemingway of O'Neill, Neb., has removed to Neligh.

Dr. Ryan from Chicago, is a new physician in Tarnov, Neb.

Dr. D. C. Sneller of York, Neb. has removed to Grand Island.

Dr. K. S. J. Hohlen of Hastings, Neb. has removed to Lincoln, Neb.

Dr. F. C. Hinkle is a new physician, recently located in Belden, Neb.

Dr. W. T. Spencer of O'Neill, Neb., has removed to Pueblo, Colo.

Dr. H. A. Ward of Tryan, Neb., has recently located in Arnold, Neb.

Dr. Protzman has changed his location from Harbine to Jensen, Neb.

Dr. E. A. Watson is a new physician recently located in Kearney, Neb.

Dr. Protzman has changed his location from Harbine to Jensen, Neb.

Dr. A. J. Knight of Hulett, Wyo., has recently located in Fremont, Neb.

Dr. Dare Woodruff, formerly of Salt Lake City, has located in Powell, Neb.

Dr. B. F. Farley of York, Neb., is recovering from a rather protracted illness.

Dr. McCart of Humphrey, Neb., has removed to South Dakota, near Mitchell.

Dr. Jennie McCulloch is a new physician recently located in Fairmont, Nebraska.

Dr. W. S. Dodge recently returned from an outing spent with his son in Basin, Wyo.

Dr. Oxford from South Dakota, is a new physician recently located at Chambers, Neb.

Dr. Walker, who has been located at Endicott for the past three years, left there recently.

Dr. J. E. Olson and Miss May Tipton, both of Lexington, Neb., were married June 12, 1912.

Dr. W. L. Foster of Waco, Neb., made a trip by auto to his old home at Superior, July 4th.

Digitized by Google

Dr. Bixler of Ruskin, Neb. has sold his practice to Dr. Saville

Dr. Bixler will spend the summer on the Pacific coast looking up a location.

Dr. W. R. Peters of Stanton, has returned from a visit to friends and relatives in Wisconsin.

Dr. R. B. Platt and Miss Olena Ferguson, both of Friend, Neb., were married on June 26th.

Dr. J. B. Redfield of North Platte, Neb. became the proud father of a fine baby boy June 29th.

Dr. E. W. Foster of Worland, Wyo., is said to be planning to locate in Omaha in the near future.

Dr. P. C. Brenn of Western, Neb., has disposed of his practice and is looking for a new location.

Dr. A. B. Stratton of Exeter, Neb., has recently returned from a post-graduate course in Chicago.

Dr. Clyde A. Roeder and Miss Theresa Heinsheimer, both of Grand Island, were married June 25th.

Dr. Bates of Monroe, Neb., has disposed of his practice, and is succeeded by Dr. Gillespie of Schuyler, Neb.

Dr. Conger, a former physician of Talmage, Neb. has returned and will engage in the practice of medicine.

Dr. Sommer of Brunswick, Neb. has disposed of his practice and removed to Iowa. His successor is Dr. Hall.

Dr. Harry C. Nichols and Miss Effa Tennant, both of Berwyn, Neb. were married about the first of June.

The Dodge County Medical Society held its regular quarterly meeting at Hooper on June twentieth.

Dr. A. E. Reeves has removed from Farnam, Neb., to Lincoln, where he is practicing surgery and gynecology.

Dr. D. J. Smith of Osceola, Neb. was operated for appendicitis in the David City hospital, the middle of June.

Dr. W. H. Nelson of Oak, Neb., has been appointed local registrar of vital statistics to succeed H. H. Brown.

Dr. W. H. Person of Stanton had the radius of his right arm broken on June 10th, while cranking his automobile.

Dr. P. C. Mockett of Kimball, Neb., recently returned from a trip around the world and is again busy with his practice.

Dr. O. S. Pitts of Archer, has purchased the practice of Dr. Kelley at Alda. Dr. Kelley has removed to Grand Island.

Dr. J. V. Reilly of Greeley, Neb., was married to Miss Helen Marie Lennon of Rochester, at the home of the bride on July 3rd.

Dr. J. S. Loney and Miss May Leahy of Omaha, were married at St. Philomena's church, June 3rd. They will reside in Omaha.

Dr. Edmund Zimmerer of York, Neb., was married June 19th to Miss Nellie Foran of Omaha. They will make their home in York.

Dr. W. H. Barber of Fullerton, Neb., died quite suddenly on July 4th, at his home. He had practiced twenty-three years in Fullerton.

Dr. and Mrs. Woodard of Aurora, Neb., are taking an extended trip through the eastern states and visiting scenes of their early life.

Dr. A. P. Overgaard of Fremont, Neb., counsilor of the fifth district, was operated on for appendicitis, at the Fremont hospital on July 2nd.

Dr. Robert Person of Stanton, Neb., was married June 4th to Miss Mayme Manning at the home of the bride's brother in Exeter, Neb.

Digitized by Google

The Omaha Health Commissioner reports that the Emergency Hospital will be opened for the reception of patients about September 1.

Dr. Edward Hays of Omaha, and Miss Nellie Cain of Falls City, Neb., were married at the bride's home on July 7th. Their home will be in Omaha.

Dr. J. B. Dierker of Lawrence, Neb., was operated for appendicitis, at Mercy hospital, Des Moines, Iowa, the first of July. He is convalescing nicely.

Dr. George W. Shidler of York, Neb., died at his home July 13, after a protracted illness, at the age of 53. His son, Dr. George P. Shidler succeeds him.

Dr. G. A. Bevington of Schuyler, Neb., was operated for appendicitis in an Omaha hospital early in June and is reported to have made a good recovery.

Dr. John A. Parmenter of Morse Bluffs and Miss Augusta Urban of Prague, Neb., were married at the home of the bride's sister in Fremont on June 19th.

Dr. James M. Alden of Pierce, Neb., died in an Omaha hospital July 10, after a rather protracted illness. He was sixty-six years of age and a pioneer of Pierce county.

Dr. Earl Farnsworth of Grand Island, a recent graduate in medicine from Harvard has located in his home city, where he will be associated with Dr. A. L. Farnsworth.

Dr. F. L. Stone having completed an interneship in Cook County hospital, Chicago, May 31st, has located in Beaver Crossing, Neb., where he will practice medicine and surgery.

Dr. Orville Rockwell of College View, Neb., has resigned his position as physician to the Nebraska Sanitarium and has gone to Long Beach, Calif., where he will engage in sanitarium work.

Dr. Vernon Lamphier of Sutton, Neb., and Miss Monica Coughlin of Greeley, were married June 26th. After a honey-moon trip to the Atlantic coast, they will make their home in Sutton.

The notorious Dr. William C. Upjohn of Omaha, is reported to have disposed of his Omaha properties and finally and permanently left for Los Angeles. We extend sympathy to Los Angeles.

Dr. J. R. Kalar of St. Edward, Neb. sustained a fracture of the forearm while cranking his automobile the latter part of June.
married at the home of the bride, June 18th.

Dr. Hollingsworth O'Neill, one of the new members of the Nebraska State Medical association, located at North Loup, has been appointed examiner at that place for an old line life insurance company.

Dr. John Meehan of York, Neb., a graduate of Creighton Medical College, has just completed his studies in the Army Medical School in Washington, graduating with the highest grades in his class.

Dr. V. J. Wall recently purchased the practice of Dr. Carter of Mahaska, Kas. The doctor had been located at Powell, Neb. for the past few months. Dr. Carter left for his ranch in the Sand Hills in northwest Nebraska.

Dr. A. N. Howley of Germantown, who sold his practice to Dr. L. G. Wright a year ago, has located recently in Norfolk, Neb., to specialize in eye, ear, nose and throat work, after having taken six months work in Chicago.

Dr. Strubble of Hastings, met with an accident which might have been serious, near Palisade. In inflating a tire, the outside rim was forced off by the air pressure, striking him in the right temple, making quite a severe wound.

Dr. E. M. Barnes, formerly of Plainview, Neb., was married June 10th to Miss Lillian J. Wilber of Omaha, at the home of Dr. E. E. Wilber in Hastings. They have planned an 1800 mile automobile trip to Texas on their honey-moon.

Digitized by Google

REPORT OF A CASE OF TETANUS.

A fatal case of tetanus occurred in Ord the last month. A six year old boy, in playing, fell and cut his little finger on a piece of glass or tin, lying in a rubbish pile. He was taken to a doctor, and the wound dressed a couple of times, but in five or six days, tetanus symptoms developed. The anxious parents called in a physician, who immediately amputated the finger, and began the use of anti-tetanus serum. Bromide and chloral were exhibted per rectum, and later chloroform inhalations, to relieve the spasms, but no treatment seemed to avail. The temperature ran up to 104 and 105 degrees, and the little fellow died after seventeen days of suffering.

STATE ASSOCIATION NEWS.

Since our meeting in May, 58 members have paid their dues for 1912. Our membership June 30, 1912, was 942.

Dr. A. S. Pinto of Omaha, chairman of the Surgical Section has for secretary, Dr. C. H. Newell of Omaha.

Dr. C. W. M. Poynter of Lincoln, chairman of the Medical section, has for his secretary, Dr. Roy Dodge of Omaha.

Dr. F. H. Morrow of Columbus, chairman of the Section on Gynecology and Obstetrics, has for his secretary, Dr. J. W. B. Smith of Albion.

Chapter 8, Section 2, Constitution and By-Laws of our Association reads as follows:

"Sec. 2. The Committee on Scientific Work shall consist of the Secretary, who shall be Chairman, and the Chairman and Secretary of the Sections, who shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the instructions of the House of Delegates or of the Association, or to the provisions of the Constitution and By-Laws. Fifteen days previous to each annual session it shall prepare and issue a program."

"The Nebraska State Medical Association at their annual session May 1912, created a Committee composed of their Secretary, Treasurer and Librarian, who are Censors for the advertising pages and reading matter of the Official Journal of the Association. The standard set by the Council on Pharmacy and Chemistry of the A. M. A. is to be the guide for all advertising material."

The revision of our By-Laws providing for re-districting of our Councilor districts, affords a splendid opportunity for unorganized, dying or dead County Societies to become active units in their community and our State Association.

JOSEPH M. AIKIN, Secretary.

GENERAL NOTES AND NEWS.

Dr. C. A. Penman of Chicago has recently located in Worland, Wyo., succeeding Dr. Foster.

Bubonic plague has broken out at Caracas, Venezuela, and it is not yet known whether it will reach serious proportions.

Honolulu has been practically freed from the pest of the dangerous daylight mosquitoes at a cost of $100,000, which was some $32,000 less than had been expected.

Dr. Eugene L. Opie, professor of pathology in Washington University, St. Louis, has been appointed dean of the medical school, vice Dr. George Dock, relieved of this duty at his own request.

In San Jose a man who was supposed to be trying to commit suicide suddenly rose up and swatted the attending physician a most ungentlemanly swat. It was later found that he was merely drunk.

Digitized by Google

At the annual commencement of Jefferson Medical College, Philadelphia, June 3, honorary degrees were conferred on three famous graduates, Drs. J. Solis-Cohen, Joseph S. Neff and William W. Keen.

Dr. David L. Edsall, formerly of the faculty of the Medical School of the University of Pennsylvania and until recently at Washington University, St. Louis, has been appointed professor of clinical medicine at Harvard University.

Word is received that at the commencement exercises of the Mississippi Medical College, Meridian, May 11, it was announced that the college would not be reopened on account of adverse legislation passed by the last legislature.

The health department of Baltimore announces that it has already vaccinated about five hundred persons against typhoid and is prepared to issue anti-typhoid vaccine to dispensaries and to any resident physician who makes application.

A memorial service for Robert Koch was recently held at Tokyo. In the ceremony, which took place in the temple dedicated in honor of Koch by Kitasato, and which conformed to the Shinto ritual, the widow of Koch, the German ambassador, and many scientists participated.

The forty-fifth annual meeting of the Canadian Medical Association will be held at Edmonton, Alta., August 10 to 14. The first day, Saturday, will be devoted to business. At the conclusion of the meeting there will be excursions to the famous Yellow Head Pass and to Calgary.

A research laboratory is being planned for the National Jewish Hospital for Consumptives at Denver, to be built under the direction of its president, Samuel Grabfelder, and to cost about $100,000. The work of the institution is to be research and study regarding tuberculosis.

Cook County, Illinois, has planned to install hundreds of tents for tuberculosis patients at the County Institution, Oak Forest. The health authorities of the county are making a systematic canvass for patients in the early stage of the disease in order to increase the effectiveness of prompt treatment.

Dr. R. L. Dixon, secretary of the Michigan State Board of Health, Lansing, has gone to Gaylord to endeavor to intercept Samuel Izen, an alleged leper, who is reported to have broken quarantine. The state officers are now searching for a third leper suspect who is said to be in the junk business in Bay City.

The power of advertising is being recognized by those in charge of hospitals and other health enterprises. Boston is advertising for a health commissioner to fill the position to be vacated by the retirement in the near future of Dr. Samuel H. Durgin, and Montreal Central Hospital is seeking an experienced physician.

Dr. James W. Holland of Philadelphia, for twenty-five years dean of Jefferson Medical College, and professor of medical chemistry and toxicology in the institution for twenty-seven years, has tendered his resignation. Doctor Holland's retirement from active connection with Jefferson Medical College is due to his advanced age.

Bubonic plague is said to have broken out in Porto Rico. Up to June 23, nineteen cases had been reported with seven deaths. All sanitary precautions are being taken, jail prisoners have been pressed into service for the removal of debris, one hundred additional police have been detailed to carry out a thorough campaign of sanitation and all houses in the infected area will be fumigated or destroyed.

The organization of practitioners in Lower Austria has resolved to regulate the difficulties arising from a locum-tenens not being available in urgent cases. For a certain district of the country, containing about 1,000 physicians, there will be appointed five physicians, preferably those

Digitized by Google

with good hospital experience, who will receive a fixed salary of 200 kronen a month, besides, of course, free board and lodging and all traveling expenses. They will be prepared to substitute, at a day's notice, for any physicians requiring them.

At the recent meeting of the regents of the University of Colorado, on the recommendation of the medical senate, it was resolved hereafter to confer the degree of doctor of ophthalmology on properly qualified candidates. This degree can be secured two years after taking the degree of doctor of medicine. Candidates are required to take one year of practical clinical work in diseases of the eye, doing in connection therewith systematic reading, after which they must take the special course in ophthalmology at the University of Colorado, in Denver, and submit an acceptable thesis.

The Wyoming State Medical Society will meet in Sheridan about the first of September. A good program has been prepared, including talks by six prominent physicians and surgeons from the east.

PROF. VON NOORDEN COMING.

Vienna, June 8.—Prof. Carl von Noorden, a celebrated member of the Medical Faculty of Vienna University, who is going to New York in September at the invitation of the Post-Graduate Medical School, to deliver a series of lectures, will also go to Washington to take part in the International Hygienic Congress as the official delegate of the Austrian Government. He has also accepted invitations to lecture in a number of other American cities.

The Professor has selected as the theme of his lectures the progress made in the treatment and cure of diabetes and kidney troubles as well as the science of dietetics.

Prof. von Noorden will return to Vienna by the middle of November.

In the **Lancent** of June 22d last, we notice that His Majesty, George V. has been pleased to confer on the following gentlemen, in recognition of their contributions to medical science, and of their services to the medical profession in Great Britain, titles as follows: Baronet—Rickman John Godlee, Esq., F. R. C. S., E., President of the Royal College of Surgeons in England. Knight—John Bland-Sutton, Esq., F. R. C. S., E.; Surgeon to the Middlesex Hospital, and the Chelsea Hospital for Women. London—Berkeley George Andrew Moynihan, Esq., F. R. C. S., E., Professor of Clinical Surgery University of Leeds. St. Clair Thomson, Esq., M. D., the eminent Throat Specialist. All of these gentlemen are of international repute, and, are, no doubt well known to many of the members of the profession in Nebraska.

HIS ORDERS WERE PEREMPTORY.

Murphy was a new cavalry recruit and was given one of the worst horses in the troop.

"Remember," said the sergeant, "no one is allowed to dismount without orders."

Murphy was no sooner in the saddle than the horse kicked and Murphy went over his head.

"Murphy!" yelled the sergeant when he discovered him lying breathless on the ground, "you dismounted!"

"I did."

"Did you have orders?"

"I did."

"From headquarters?"

No, sor; from hindquarters.'

Digitized by Google

CORRESPONDENCE.

Grand Island, Nebr., June 9, 1912.

Editor Western Medical Review:

The June issue of the Western Medical Review contains an article entitled "Conservation of Health," by Dr. C. P. Fall, in which is a paragraph referring to a case brought before the State Board for revocation of a license. As complaining witness in this case, I desire to correct some impressions that may be given by the article referred to.

I resent the statement that the case was a "Pusillanimous piece of spite work", as one of the Board (proper) is quoted as having said. No member of the Board (proper) attended the hearing. By whom was he informed of the nature of the case, and how much information was he given? Was it by the Board of Secretaries or any member thereof? Was it by the attorneys for the defense? I was sorry to note the implication that the Board of Secretaries considered this the correct view; for if they did not, then they did not have the courage to decide the case as they considered right, regardless of what any other board might do.

The "member" against whom charges were brought was a notorious advertising quack, whose ads, often to the extent of a page in the local daily paper, contained anything from cures for "Catarrh of the nerves" to "Private homes in the suburbs during confinement" and "Good homes found for babies". Naturally, the relations of no self-respecting member of the medical profession could be very intimate with one such as this, but when I brought revocation proceedings against this man on what was considered abundant evidence, I cannot see why it should be called "pusillanimous spite." I say abundant evidence advisedly, for when we appeared before the Board of Secretaries to learn in what form the case should be brought, and there read the simple, unsworn, written statement of the young lady charging this medical outlaw with being responsible for a criminal operation upon herself, the president (now secretary) said: "I do not mind telling you that I am convinced of his guilt now." This was said in the presence of all the other members of the Board and I heard no dissenting voice. At no time could I see any indication of a change in his attitude until the defendant's attorneys appeared. It should be added that these attorneys are prominent and influential politicians.

At this first interview with the Board we were directed to bring the young lady personally before the Board. At a later interview with the President, I explained to him that the young lady had left the state and that it would be difficult to secure her attendance at the hearing. He was informed that an affidavit or a deposition could be secured from her. The President of the Board of Secretaries advised me to bring her evidence in the form of an affidavit. He might then have saved us a great deal of trouble and expense, had he told me that he would not be satisfied with this form of evidence. At the close of the case the President announcd the decision in words to the effect that the Board of Secretaries would not revoke a license in any case in which the evidence was introduced in the form of affidavits. This inconsistent decision was given in spite of the fact that the Board had already accepted the affidavit in evidence when it was offered by the complainant's attorney.

I challenge him to have the affidavit now in possession of the Board with the records of the case, printed in the Western Medical Review verbatim, leaving out the name of the young lady and the name and address of the notary so that the physicians of the state may decide whether or not the charge was proven.

The article to which I have referred would lead you to believe that a hearing in revocation proceedings must be conducted very techincally.

Digitized by Google

We were assured, however, before charges were filed, that no technicalities would be considered by the Board.

In such a case as this the defendant and not the complaining witness is the attending physician. It is, therefore, not at all probable that the complainant can have observed the progress of the abortion very closely. We were not present when the young lady interviewed the defendant in his office and secured medicines from him. We did not see the instruments inserted into the uterus by direction of the defendant. We were not in the room when the product of conception was thrown off, nor did they save it for our inspection. But the sworn statement showed that these things had occurred and our testimony supported this statement.

The statute upon which revocation proceedings are brought contains the following: "The board may refuse to issue a certificate or may revoke one already issued for any of the causes defined in this section, to-wit: Unprofessional or dishonorable conduct. The word unprofessional or dishonorable conduct as used herein are declared to mean: First, the procuring or aiding or abetting in procuring a criminal abortion."

Under this in Cobbey's Annotated Statutes I find the following: "In a trial under such a complaint it is not necessary that the proceedings be conducted with that degree of exactness which is required upon a trial for a criminal offense in an ordinary tribunal of justice."

In the case of Munk vs. Frink, the Nebraska Supreme Court quotes from the Kansas Court and makes a part of their decision the following: "These men are not learned in the science of law, and to require of a board thus composed that its investigations be conducted in conformity to the technical rules of a common law court would at once disqualify it from making any investigation. It is subversive to the morals of the people and degrading to the medical profession for the state to clothe a grossly immoral man with authority to enter the homes of her citizens in the the capacity of a physician."

The Supreme Court of Nebraska has decided that: "In contested proceedings for revocation of a physician's license, it is within the discretion of the State Board of Health or of its Secretaries, to receive affidavits relating to revelant facts at issue in said hearing."

Their decisions in more than one case are to the effect that affidavits are conpetent evidence in these cases though they might not be so in court proceedings.

It is not the kind of evidence nor the manner of its introduction that the Board is required to consider, but whether the evidence is sufficiently convincing. According to the President's own statement, he was convinced before the complaint was filed.

"The power conferred upon the State Board of Health to revoke a physician's license for cause is an administrative and not a judicial function, and the limit of judicial interference in such cases is to protect the accused in his right to a hearing upon specific charges after reasonable notice of the time and place of hearing has been given and a full opportunity has been afforded him to present his defense to such charges and against a conviction, unless upon competent evidence." (Cobbey's Statutes, 1911).

I find the following in Taylor's Medical Jurisprudence: "In reference to the medical proofs of this crime, (criminal abortion) it is not required that any specific injury should have been done the woman, or that abortion should have followed, in order to complete the offense. It is not even necessary to prove that she was with child, or that the aborted substance was a foetus or a child. It might be a mass of blood, a mole or a group of hydatids."

I may have overlooked them, but I could not find a single case in which the State Board revoked a Physician's license that the courts reversed their action. In all their decisions the courts seem to urge the Board to independent action, and to insure its freedom from technical restraint in

Digitized by Google

these hearings. Our Supreme Court even cites a case from another state in which the State Board was upheld for revoking a license after the courts had acquitted the physician on the same charge.

The courts have done all within their power to assist us in securing a clean medical profession. Why attempt to place responsibility on them if we fail?

Neither does it seem reasonable to blame the non-medical Board of Health (proper) with our failures, when they are encouraged by the actions of our own medical Board of Secretaries to consider efforts at eliminating criminality and quackery from the profession as "Pusillanimous spite."

The case in question was one in which a young lady had disappeared from her boarding place in the country. We heard rumors in the neighborhood of her probable condition, of statements of a young man about the case, of his visits to the Doctor, and we were told that he had also disappeared. By various means we traced the girl to a cheap rooming house over a blacksmith shop where she was staying concealed, notwithstanding the fact that she had a good home in the same city. Evidence by two physicians and a police officer showed that the rooming-house keeper denied the presence of the young lady in the house, but that we found her there in bed and that she was taken from there to her home. Evidence by the physicians showed that the patient was weak and pale and that she had a bloody vaginal discharge. The girl's sworn statement detailed her visits to the office of the quack; his giving her medicines to bring her around; his directing her to the rooming house, where the woman inserted a catheter into the uterus; the gush of amniotic fluid; the pains; the delivery of the foetus; the four visits of the Doctor to see her at the rooming house and his anxiety for her departure.

This affidavit I ask the present Secretary of the State Board to have printed so that it may be judged by its own wording.

This is the case in which the Board of Secretaries could not act for lack of evidence. In this case they feared reversal by the Board (proper) and by the courts.

Must we always wait for the death of the patient in abortion cases, before starting proceedings against the criminal abortionist? Are all other cases inspired by "pusillanimous spite"?

I feel that the Board by its action in this case has shown itself to be the friend of quackery.

The whole proceeding impressed upon me the idea that county attorneys are not the only ones that have "political features which they care more for than enforcing the law."

Fraternally yours,

B. R. M'GRATH, M. D.

"At the hands of thief or murderer few of us suffer even indirectly. But from the careless tongue of friend, the cruel tongue of enemy, who is free? No human being can live a life so true, so fair, so pure as to be beyond the reach of malice, or immune from the poisonous emanations of envy. The insidious attacks against one's reputation, the loathsome innuendoes, slurs, half-lies by which jealous mediocrity seeks to ruin its superiors, are like those insect parasites that kill the heart and life of a mighty oak. So cowardly is the method, so stealthy the shooting of the poisoned thorns, so insignificant the separate acts in their seeming, that one is not on guard against them. It is easier to dodge an elephant than a microbe."—William George Jordan.

Digitized by Google

SOCIETY MATTERS.

Constitution and By-Laws of the Nebraska State Medical Association.

CONSTITUTION

ARTICLE I.—NAME OF THE ASSOCIATION.

The name and title of this organization shall be the Nebraska State Medical Association.

ARTICLE II.—PURPOSES OF THE ASSOCIATION.

The purpose of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Nebraska, and to unite with similar Associations in other States to form the American Medical Association, with a view to the extension of medical knowledge ,and to the advancement of medical science; to the elevation of the standard of medical education, and to the enactment and enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES.

SECTION 1. Component Societies shall consist of those county medical societies which hold charters from this Association.

SEC. 2. Counties having five or more eligible physicians shall form county medical societies.

SEC. 3. In counties having less than five eligible physicians, such physicians may join neighboring county society.

ARTICLE IV.—COMPOSITION OF THE ASSJCIATION.

SECTION 1. This Association shall consist of Members, Delegates and Guests.

SEC. 2. MEMBERS. The Members of this Association shall be the members of the component county medical societies.

SEC. 3. DELEGATES. Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component county societies in the House of Delegates of this Association.

SEC. 4. GUESTS. Any distinguished physician not a resident of this State may become a guest during any Annual Session upon invitation of the Association or its Council, and shall be accorded the privilege of participating in all of the scientific work for that Session.

ARTICLE V.—HOUSE OF DELEGATES.

The House of Delegates shall be the legislative and business body of the Association, and shall consist of (1) Delegates elected by the component county societies, (2) *ex-officio*, the officers of the Association as defined in this Constitution, and (3) all ex-presidents residing and practicing medicine in this State.

ARTICLE VI.—SECTIONS AND DISTRICT SOCIETIES.

The House of Delegates may provide for a division of the scientific work of the Association into appropriate Sections and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

ARTICLE VII.—SESSIONS AND MEETINGS.

SECTION 1. The Association shall hold an Annual Session, during which there shall be held daily meetings, which shall be open to all registered members, delegates and guests.

SEC. 2.—The time and place for holding each Annual Session shall be fixed by the House of Delegates.

ARTICLE VIII.—OFFICERS.

SECTION 1. The officers of this Association shall be a President, two Vice-Presidents, a Recording Secretary, a Coresponding Secretary and Librarian, a Treasurer and twelve Councilors.

SEC. 2.—The President and Vice-Presidents shall be elected for a term of one year. The Secretaries, Treasurer and Councilors shall be elected for terms of three years each, the Councilors being divided into classes so that four shall be elected each year. All of these officers shall serve until their successors are elected and installed.

SEC. 3. The officers of this Association shall be elected by the House of Delegates on

Digitized by Google

the morning of the last day of the Annual Session, but no Delegate shall be eligible to any office named in the preceding section, except that of Councilor, and no person shall be elected to any office who is not in attendance upon that Annual Session and who has not been a member of the Association for the past three years.

ARTICLE IX.—FUNDS AND EXPENSES.

Funds for meeting the expenses of the Association shall be arranged for by the House of Delegates by an equal per capita assessment upon each county society to be fixed by the House of Delegates, by voluntary contribution, and from the profits of its publications. Funds may be appropriated by the House of Delegates to defray the expenses of the Annual Sessions, for publication, and for such other purposes as will promote the welfare of the Association and profession.

ARTICLE X.—REFERENDUM.

The General Meeting of the Association may, by a two-thirds vote, order a general referendum upon any question pending before the House of Delegates, and the House of Delegates may, by a similar vote of its own members, or after a like vote of the General Meeting, submit any such question to the membership of the Association for a final vote; and if the persons voting shall comprise a majority of all the members, a majority of such vote shall determine the question, and be binding upon the House of Delegates.

ARTICLE XI.—RECIPROCITY OF MEMBERSHIP AMONG STATE SOCIETIES.

To broaden professional fellowship among the State Societies the Nebraska Medical Association, by its President and Secretary, is ready to arrange with other State Medical Societies, having equal requirements, for the interchange of certificates of membership. Members removing from one of these States to another may thus avoid the formalities of re-election.

ARTICLE XII.—THE SEAL.

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIII.—AMENDMENTS.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates registered at that Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annuol Session, and that it shall have been sent officially to each component county society at least three months before the session at which final action is to be taken.

BY-LAWS

CHAPTER I.—MEMBERSHIP.

SECTION 1. All members of the component county societies shall be privileged to attend all meetings and take part in all of the proceedings of the Annual Sessions, and shall be eligible to any office within the gift of the Association.

SEC. 2. The name of a physician upon the properly certified roster of members, or list of delegates, of a chartered County Society which has paid its annual assessment shall be *prima facie* evidence of his right to register at the annual session in the respective bodies of this Association. *Provided, however*, That any permanent member of the State Medical Society at the time of the adoption of the Constitution, who is not a member of his County Society and whose application to become such has not been refused, and who has paid to the Treasurer of the State Medical Association his dues for the time designated herein, may enjoy all the privileges and attendance upon all the scientific meeting of this organization until and up to the time of the annual meeting in 1904.

SEC. 3. No person who is under sentence of suspension or expulsion from any component society of this Association, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association, nor shall he be permitted to take part in any of its proceedings until such time as he has been relieved of such disability.

SEC. 4. Each member in attendance at the annual session shall enter his name on the registration book, indicating the component society of which he is a member. No member or delegate shall take part in any of the proceedings of an annual session until he has complied with the provisions of this section.

SEC. 5. The Secretary of the Association is instructed to formulate a *certificate of membership*, which is to be furnished to County Societies and which shall be signed by the officers of the State Association, and countersigned by the officers of the County Societies.

SEC. 6. Card index cases and outfits are

Digitized by Google

to be procured by the Secretary for County Societies and paid for by the State Association.

CHAPTER II.—ANNUAL AND SPECIAL SESSIONS OF THE ASSOCIATION.

SECTION 1. The Association shall hold an annual session at such time and place as has been fixed at the preceding annual session.

SEC. 2. Special sessions of either the Association or House of Delegates shall be called by the President at his discretion or upon petition of twenty delegates.

CHAPTER III.—GENERAL MEETINGS.

SECTION 1. The General Meetings shall include all registered members, delegates, and guests, who shall have equal rights to participate in the proceedings and discussions; and, except guests, to vote on pending questions. Before it, at such time and place as may have been arranged, shall be delivered the annual address of the President and the annual orations.

SEC. 2. The General Meeting shall have authority to create committees or commissions for scientific investigations of special interest and importance to the profession and public, and to receive and dispose of reports of the same; but any expense in connection therewith must first be approved by the House of Delegates.

SEC. 3. Except by special vote, the order of exercises, as set forth in the official program, shall be followed from day to day until it has been completed, except papers and discussions, which shall be assigned in their several sections, and they shall take precedence by lot cast by the Recording Secretary in the presence of three members prior to issuance of program.

SEC. 4. No address or paper before the Association, except those of the President and Orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject, except by unanimous consent.

SEC. 5.—All papers read before the Society shall be deposited with the Secretary of the section when read.

CHAPTER IV.—HOUSE OF DELEGATES.

SECTION 1. The House of Delegates shall meet annually at the time and place of the annual session of the Association, and shall so fix its hours of meeting as not to conflict with the first General Meeting of the Association, or with the meeting held for the address of the President and the annual orations, and so as to give delegates an opportunity to attend the other scientific proceedings and discussions so far as is consistent with their duties. But if the business interests of the Association and profession require, it may meet in advance, or remain in session after the final adjournment of the General Meeting. Every member of the House of Delegates, as defined in Article V. of the Constitution, is eligible to vote. No delegate is eligible to any office except that of Councilor.

SEC. 2. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members or fraction threof, but each county society holding a charter from this Association, which has made its annual report and paid its assessment as provided in this Constitution and By-Laws, shall be entitled to one delegate.

SEC. 3. Ten of the registered members of the House of Delegates shall constitute a quorum, and all of the meetings of the House of Delegates shall be open to members of the Association.

SEC. 4. It shall, through its officers, Advisory Council, and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall constantly study and strive to make each annual session a stepping-stone to future ones of higher interest.

SEC. 5. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public-health legislation, and to diffuse popular information in relation thereto.

SEC. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist. It shall especially and systematically endeavor to promote friendly intercourse between physicians of the same locality, and shall continue these efforts until every physician in every county of the State, who can be made reputable, has been brought under medical society influence.

SEC. 7. It shall encourage post-graduate work in medical centers, as well as home study and research, and shall endeavor to have the results of the same utilized and in-

Digitized by Google

telligently discussed in the county societies.

SEC. 8. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body in such a manner that not more than one-half of the delegates shall be elected in any one year.

SEC. 9. It shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws.

SEC. 10. It shall divide the counties of the State into twelve Councilor Districts, and each shall be represented by a resident Councilor, to-wit:

COUNCILOR DISTRICTS.

No. 1. Douglas, Sarpy.

No. 2. Lancaster, Cass, Otoe.

No. 3. Gage, Johnson, Nemaha, Pawnee, Richardson.

No. 4. Knox, Cedar, Dixon, Dakota, Antelope, Pierce, Wayne, Thurston, Madison, Stanton, Cuming, Boyd.

No. 5. Burt, Washington, Dodge, Colfax, Platte, Boone, Nance, Merrick.

No. 6. Saunders, Butler, Seward, Polk, York, Hamilton.

No. 7. Clay, Fillmore, Saline, Nuckolls, Thayer, Jefferson.

No. 8. Cherry, Keya Paha, Brown, Rock, Holt, Sheridan, Dawes, Sioux.

No. 9. Custer, Valley, Greely, Sherman, Howard, Dawson, Buffalo, Hall, Grant, Hooker, Thomas, Blaine, Loup, Garfield, Wheeler, Logan.

No. 10. Gosper, Phelps, Adams, Furnas, Harlan, Franklin, Webster, Kearney, Chase, Hayes, Frontier, Dundy, Hitchcock, Red Willow.

No. 11. Lincoln, Perkins, Keith, McPherson, Gordon, Kimball, Cheyenne, Deuel.

No. 12. Scotts Bluff, Banner, Box Butte, Morrill.

And when the best interest of the Association and profession will be promoted thereby, organize in each a district medical society, to meet midway between the Annual Sessions of this Association, and members of the chartered county societies, and none others, shall be members in such district societies. When so organized, from the presidents of such district societies shall be chosen the Vice-Presidents of this Association, and the presidents of the county societies of the district shall be the vice-presidents of such district societies.

SEC. 11. It shall have authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates, and such committees may report to the House of Delegates in person, and may participate in the debate thereon.

SEC. 12. It shall approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

SEC. 13. It shall present a summary of its proceedings to the last general meeting of each annual session, and shall publish the same in the Transactions.

SEC. 14. The minutes of the House of Delegates shall be struck off separately and sent to State and Territorial Associations and to the American Medical Association with the request for like courtesies. An abstract of the minutes of other organizations shall be made by the Secretary and printed in the official organ of the Asociation.

SEC. 15. The Secretary is instructed to notify each county society in the State of the number of meetings held by the House of Delegates and the attendance of their respective Members and Delegates.

CHAPTER V.—ELECTION OF OFFICERS.

SECTION 1. All elections shall be by secret ballot, and a majority of the votes cast shall be necessary to elect.

SEC. 2. The House of Delegates on the first day of the Annual Session shall elect a President *pro tem.*, who shall preside in the absence of the President of the Association, and it shall select a Committee on Nominations consisting of one delegate from each councilor district. No delegate shall be eligible to appointment on this Committee who has not been *three years* an active member of this Association. It shall be the duty of this committee to consult with the members ofthe Association and to hold one or more meetings at which the best interests of the Association and of the profession of the State for the ensuing year shall be carefully considered. The committee shall report the result of its deliberations to the House of Delegates in the shape of a ticket containing the names of three members for the offiec of President, and, of one member for each of the other offices to be filled at that annual session. No two candidates for President shall be named from the same county. Said Nominating Committee shall be bound upon its honor not to divulge its deliberations, nor any part of the ticket agreed upon, until called for, as provided in Section 3, of this Chapter.

Digitized by Google

SEC. 3. The report of the Nominating Committee and the election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session.

SEC. 4. Nothing in this article shall be construed to prevent additional nominations being made by members of the House of Delegates.

CHAPTER VI.—DUTIES OF OFFICERS.

SECTION 1. The President shall preside at all meetings of the Association and of the House of Delegates; shall appoint all committees not otherwise provided for; shall deliver an annual address at such time as may be arranged; shall give a deciding vote in case of a tie, and shall perform such other duties as custom and parliamentary usage may require.

SEC. 2. The Vice-President shall assist the President in the discharge of his duties. In the event of his death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

SEC. 3. The Treasurer of the Association shall be put under bond of Two (2) Thousand Dollars and the expense of procuring such bond shall be paid out of the Association Funds. He shall demand and receive all funds due the Association, together with the bequests and donations, from the hands of the Secretary and receipt him for the same. (He shall, under the direction of the House of Delegates, sell or lease any estate belong to the Association, and execute the necessary papers; and shall, in general, subject to such direction, have the care and management of the fiscal affairs of the Association.) He shall pay money out of the treasury only on a written order of the President, countersigned by the Secretary; *Provided* That such orders shall be effective only for the year in which they are made, and shall provide, that all unexpended balances must be covered back into the treasury of the State Association at the end of each such year. *Provided further*, that the Treasurer shall have the right to exercise the prerogative of paying orders by installment, when made for committees of the Association, such deferred payments not to interfere with the efficacy of the work. He shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands. He shall charge upon his boks the assessments against each component county society at the end of the fiscal year; and perform such other duties as may be assigned to him.

SEC. 4. The Secretary, acting with the Committee on Scientific Work, shall prepare and issue programs for and attend all meetings of the Association and of the House of Delegates, and he shall keep minutes of their respective proceedings in separate record books. He shall be custodian of all record books belonging to the Association ,except such as properly belong to the Treasurer. He shall collect and keep account of and promptly turn over to the Treasurer all funds of the Association which come into his hands. He shall provide for the registration of the members and delegates at the Annual Sessions. He shall keep a card-index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society, and upon request shall transmit a copy of this list to the American Medical Association for publication. In so far as it is in his power he shall use the printed matter, correspondence and influence of his office to aid the Councilors in the organization and improvement of the county societies, and in the extension of the power and usefulness of this Association. He shall conduct the official correspondence, notifying members of meetings, officers of their election, and committees of their appointment and duties. He shall act as Chairman of the Committees on Scientific Work and on Publication. He shall employ such assistants as may be ordered by the Council or the House of Delegates. He shall annually make a report of his doings to the House of Delegates.

In order that the Secretary may be enabled to give that amount of time to his duties which will permit of his becoming proficient, it is desirable that he should receive some compensation. The amount of his salary shall be fixed by the House of Delegates.

SEC. 5. The Corresponding Secretary and Librarian shall review such transactions of other medical societies as he may receive, and present at each annual meeting a report of such matters contained in these transactions as he may deem of interest to this Society. He shall deliver to his successor in office all transactions in his hands.

CHAPTER VII.—COUNCIL.

SECTION 1. The Council shall hold daily meetings during the annual sesison of the Association and at such other times as necessity may require, subject to the call of the

Digitized by Google

Chairman or on petition of three Councilors. It shall meet on the last day of the annual session of the Association for re-organization and for the outlining of work for the ensuing year. At this meeting it shall elect a Chairman and Secretary, and it shall keep a permanent record of its proceedings. It shall, through its Chairman, make an annual report to the House of Delegates at such time as may be provided. Five members shall constitute a quorum of the Board of Councilors.

SEC. 2. Each Councilor shall be organizer, peacemaker and censor for his district. He shall visit each county in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his doings, and of the condition of the profession of each county in his district to each annual session of the House of Delegates.

Each Councilor shall annually make a report of the deaths which have occurred in his district, and send the same at least ten days before the annual meeting to the Recording Secretary of the Council, who shall put such reports into proper form and present the same to the general meeting. It shall be the duty of each Councilor to appoint honorary pall bearers to represent the Nebraska State Medical Association at the burial of any member residing in his district.

The necessary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed by the House of Delegates upon a proper itemized statement, but this shall not be construed to include his expense in attending the annual session of the Association.

SEC. 3. Colectively the Council shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or of a county society, upon which an appeal is taken from the decision of an individual councilor. Its decision in all such cases shall be final.

SEC. 4. The Council shall have the right to communicate the views of the profession and of the Association in regard to health, sanitation and other important matters to the public and the lay press. Such communications shall be officially signed by the Chairman and Secretary of the Council, as such.

SEC. 5. At the death, removal from the district, or removal otherwise from office of any Councilor, such vacancy shall be filled until the meeting of the next House of Delegates by the President of the Association, and a notice ofthe appointment shall be sent to the Secretary of the Board of Councilors and to the Secretary of the Association.

CHAPTER VIII.—COMMITTEES.

SECTION 1. The standing committee shall be as follows:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Publication.

A Committee on Nominations.

A Committee on Care and Prevention of Contagious Diseases.

A Medico-Legal Defense Committee.

A Committee on Arrangement, and such other committees as may be necessary. Such committees shall be elected by the House of Delegates, unless otherwise provided.

SEC. 2. The Committee on Scientific Work shall consist of the Secretary, who shall be Chairman, and the Chairman and Secretary of the Sections, who shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the instructions of the House of Delegates or of the Association, or to the provisions of the Constitution and By-Laws. Fifteen days previous to each annual session it shall prepare and issue a program.

SEC. 3. The Committee on Public Policy and Legislation shall consist of three members and the President and Recording Secretary. Under the direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of the public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall utilize every organized influence in local, state and national affairs and elections. Its work shall be done with the dignity becoming a great profession and with that wisdom which will make effective its power and influence. It shall have authority to be heard

Digitized by Google

before the entire Association upon questions of great concern at such time as may be arranged during the annual session.

SEC. 3, SUBSEC. A. Auxiliary Committee to Committee on Public Policy and Legislation. House of Delegates. That the Member of the Council of Legislation of the American Medical Association for the Nebraska State Medical Association be, *ex officio*, a member of the Committee on Public Policy and Legislation. That the Secretaries of the County Societies in the State be made auxiliary members of the Committee on Public Policy and Legislation, or such other members as may best serve the interests of the Committee and member of the Council on Legislation. A. :.M. :.A.

SEC. 4. The Committee on Publication shall consist of three members, of which the Recording Secretary shall be one and Chairman, and shall have referred to it all reports on scientific subjects, and all scientific papers and discussions heard before the Association. It shall be empowered to curtail or abstract papers and discussions, and any paper referred to it which may not be suitable for publication in the Transactions may be returned to the author. The Committee shall have authority to arrange for the publication and distribution of the Transactions after receiving competitive bids, and shall use diligence in getting them into the hands of the members.

SEC. 5. The Committee on Nominations shall be appointed and perform its duties in accordance with the provisions of Chapter V, Sec. 2. of these By-Laws.

SEC. 6. The Committee of Arrangements shall consist of the component society in the territory in which the annual session is to be held. It shall, by committees of its own selection, provide suitable accommodations for the meeting-places of the Association and of the House of Delegates, and of their respective committees, and a bill of expenses for the same shall be presented to the House of Delegates for payment, and shall have general charge of all the arrangements. Its Chairman shall report an outline of the arrangements to the Secretary for publication in the program, and shall make additional announcements during the session as occasion may require.

SEC. 6, SUBSEC. A. That at the future meetings of the Nebraska State Medical Association the expense incident to banquets, smokers, etc., for social entertainments must be assessed to the members participating therein, as is the custom in the American Medical Association, the pro rata cost to be estimated by the local committee and announced in the published program. It is to be understood that the lady members of the Association, the wives and daughters of members of the Association, and lady visitors be invited to attend our annual banquets.

SEC. 7. The Committee on Care and Prevention of Contagious Diseases shall consist of three members. Under the direction of the House of Delegates it shall represent the Association in bringing about a better understanding among the public of contagious diseases, especially Tuberculosis; it shall employ all dignified means of educating the people concerning the prevention and cure of tuberculosis; it shall co-operate with other departments of the Association to bring about a better condition of public hygiene and to secure better conditions of state care for the unfortunate individuals who may be a menace to their comrades; it shall have power to co-operate with any societies worthy of our support, which have for their aim the improvement of general health conditions. It shall at each annual meeting of the Association make to the House of Delegates a report of its work for the year, giving as accurately as possible the actual health conditions as they exist for the State.

SEC. 8, SUB-CHAPTER I, SECTION I.—The Medico-Legal Defense Department of the Nebraska State Medical Association shall be under the supervision of a committee of three. This committee shall be known as the Medico-Legal Defense Committee and shall consist of the secretary of the State Medical Association who shall act as secretary of the Committee, and two other members who shall be elected by the House of Delegates according to Chap. VIII. Sec. 1 of the by-laws governing our Association, and serve for the term of two years provided that in the original organization of this Committee one member shall be elected for a term of one year.

SUB-CHAP. I. SEC. II.—All members of this Committee shall serve without pay. On and after their election it shall be the duty of this Committee to affect such organization as they see fit and to adopt rules for their guidance and for the guidance of members of the State Medical Association in medico-legal defense matters, not set forth in the constitution and by-laws. It shall be their duty to investigate all claims of malpractice against members as herein set forth, to ad-

Digitized by Google

just such claims in accordance with equity where possible and if claim is unjust or damage sought excessive to lend such help as they may deem proper, but they shall not pay nor obligate the Association to pay a judgment against a member or court costs of any suit.

SUB-CHAP. I. SEC. III.—The Medical Defense Committee shall select a member of the Bar of Nebraska as a legal counsel of the society, and is authorized to pay such counsel an annual retainer fee. The proper fees for defending members of the society for alleged malpractice shall be paid out of the Medical Defense Fund, provided that the member has placed his case in the hands of the society in accordance with the regulations adopted by the Association.

SUB-CHAP. I. SEC. IV.—All debts contracted by medico-legal defense work shall be paid by the treasurer of the State Association from the Medico-Legal Defense Fund on warrants drawn by the committee against the treasurer of the Nebraska State Medical Association as provided by the Constitution and By-Laws.

SUB-CHAP. I. SEC. V.—The Medico-Legal Defense Committee shall at each annual meeting of the State Association make to the House of Delegates a detailed report of all expenses incurred and work done during the year next preceding the meeting.

SUB-CHAP. II. SEC. I.—At the end of each year the sum of $1 for each member who shall elect to avail himself of the benefit of the medical defense fund shall be set aside by the treasurer of the State Association as a special defense fund to be called the "Medico-Legal Defense Fund." This fund shall be kept separate from other moneys of the association and shall be used only for legal defense of such members as shall have contributed to said fund and who are threatened with or prosecuted for alleged malpractice as herein set forth.

SEC. IX.—There shall be supervision of the policy of reading matter and advertising pages of the Western Medical Review measured by the standard of the Journal of the American Medical Association and its Council on Pharmacy and Chemistry.

That the Board of Censors of the Nebraska State Medical Association shall consist of its Secretary, Librarian and Treasurer.

SUB-CHAP. III. SEC. 1.—Every member of the Nebraska State Medical Association who has paid all dues, assessments or other charges assessed or levied by the Nebraska State Medical Association for the year 19...., shall be entitled to receive, without expense, upon application therefor, the services of an attorney and counselor at law in any action for malpractice brought against such member in any court within the State of Nebraska, on the following conditions, and not otherwise:

FIRST: Any member desiring to apply for malpractice defense hereby provided shall immediately upon receipt thereof send to the Secretary of the Nebraska State Medical Association any letter, process of court or other evidence of threatened litigation in connection with such malpractice case.

SECOND: It shall be the duty of the secretary to forthwith examine the financial records of the Nebraska State Medical Association, and if such member so applying is found to have paid all arrears, dues or other charges due to the Nebraska State Medical Association for the year counsel of the Nebraska State Medical Association and forthwith send to such counsel the papers received from the applicant for defense, and such Secretary shall forthwith return to the applicant if he shall find that such applicant has paid all arrearages due the Nebraska State Medical Association, a formal application for defense containing authority for the said Association, through its attorney to defend the action and granting to the Association and its attorney sole power to conduct the defense thereof, and agreeing not to compromise or settle said claim for damages for said alleged malpractice without the consent of the Medical Association or its attorney. The said applicant shall furnish and return to the secretary with his application duly executed, a full, accurate and complete history of his treatment of the case of which the alleged malpractice arose, giving dates, names of witnesses, nurses and other attendants, all of which information shall, upon its receipt by him be investigated by the Committee and if the case is just be forwarded by the secretary of the Nebraska State Medical Association to the counsel of the Association.

THIRD: If on the other hand the secretary finds that any member so applying has not paid all arearages as herein specified, then, and in that case, he shall return at once to the applicant all papers or memoranda received by him from said applicant, together with a statement that he is not entitled to defense and the reason therefor.

Digitized by Google

FOURTHS It is further understood between each and every member of the Nebraska State Medical Association that under no conditions will the Nebraska State Medical Association pay any sums awarded in settlement, compromise or verdict or otherwise against any member sued for alleged malpractice, and each member in applying for services of the attorney of the Association in any malpractice case, shall agree not to obligate in any manner the Nebraska State Medical Association for any purpose. Further the Association will not obligate itself to defend any case instituted before the adoption of these articles nor any case started before the physician became a member of this Association.

CHAPTER IX.—SECTIONS.

SECTION 1. Sections shall hold their meetings at such times and in such places as shall not interfere with the General Meetings.

SEC. 2. At each annual meeting a Chairma nand Secretary shall be chosen by each Section, the Chairman to serve for one year and the Secretary for two years, and both until their successors are elected.

SEC. 3. All papers, communications and matters of technical or professional nature shall be referred to the Section to which they pertain.

SEC. 4. The scientific work of the Society shall be divided into three Sections:

First. A Section on General Medicine.

Second. A Section on Surgery, Ophthalmology and Otology.

Third. A Section on Obstetrics and Gynecology.

CHAPTER X.—ASSESSMENTS AND EXPENDITURES.

SECTION 1. An assessment of three dollars per capita on the membership of the componet societies is hereby made the annual dues of this Association. The Secretary of each country society shall forward its assessment, together with its roster of all officers and members, list of delegates, and list of non-affiliated physicians of the county, to the Secretary of this Association thirty days in advance of each Annual Session.

SEC. 2. Any county society which fails to pay its assessment, or make the reports required, on or before the date above stated, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

SEC. 3. All motions or resolutions appropriating money shall specify a definite amount or so much thereof as may be necessary for the purpose indicated and must be approved by the Council and House of Delegates on a call of ayes and naes.

SEC. 4. The Calendar year is the Fiscal year of the Association. The dues, whenever paid, are for the current year. The Journal shall be sent commencing with the May number, irrespective of the time of joining.

CHAPTER XI.—RULES OF CONDUCT.

The principles set forth in the Code of Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XII.—RULES OF ORDER.

The deliberations of this Association shall be governed by parliamentary usage as contained in Roberts' Rules of Order unless otherwise determined by a vote of its respective bodies.

CHAPTER XIII.—COUNTY SOCIETIES.

SECTION 1. All county societies now in affiliation with the State Association, or those that may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, and having complied with the conditions imposed by this chapter, shall, upon application to the Secretary of the State Association, receive a charter from and become a component part of this Association, subject to the subsequent approval of the House of Delegates.

SEC. 2. As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

SEC. 3. Charters shall be issued only upon approval of the Councilor of the district in which the county society is located, and shall be signed by the President and Secretary of this Association. The House of Delegates shall have authority to revoke the charter of any component county society whose actions are in conflict with the letter or spirit of this Constiution and By-Laws.

SEC. 4. Only one component medical society shall be chartered in any county.

SEC. 5. Each county society shall judge of the professional and moral qualifications of its own members, but as such societies are the only portals to this Association, and to the American Medical Association, every reputable and legally registered physician, a

Digitized by Google

graduate of a college which at the time of his graduation was considered in good standing, who is practicing, or who will agree to practice, non-sectarian medicine, shall be entitled to membership. *Provided, however*, That Licentiates who were admitted under the law of 1881 and registered as regular physicians and have continually practiced regular medicine in Nebraska may be admitted to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

SEC. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right of appeal to the Councilor of his district, and finally to the Council of the Association.

SEC. 7. In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a Board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SEC. 8. When a member in good standing in a component society moves to another county in this State, his name, upon request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

SEC. 9. A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he resides.

SEC. 10. Each county society shall have general direction of the affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

SEC. 11. Whereas it has become notorious that Commissions are asked for and given: Resolved, That such practice is entirely against all ethical standards and is to be severely condemned. This Association hereby puts itself on record against such practices, and earnestly solicits the assistance of all county societies for the suppression of this evil, even to the extent of the expulsion of such offenders. Tolerance of such practice upon the part of the county societies will be visited by the proper discipline from this Association.

SEC. 12. Frequent meetings shall be encouraged, and the most attractive programs arranged that are possible. The younger members shall be especially encouraged to do post-graduate and original research work, and to give the society the first benefit of such labors. Official position and other preferments shall be unstintingly given to such members.

SEC. 13. At the annual meeting in December or January preceding the next Annual Meeting of the State Medical Association each county society shall elect a delegate or delegates to represent it in the House of Delegates of this Association, in the proportion of one delegate to each fifty members or fraction thereof, and the Secretary of the society shall send a list of such delegates to the Secretary of the Association, at least ten days before the annual sessions.

SEC. 14. The Secretary of each county society shall keep a roster of its members, and a list of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date and number of license to practice in this State, and such other information as may be deemed necessary. He shall furnish an official report containing such information, upon blanks supplied him for the purpose, to the Secretary of this Association and Councilor of his district thirty days in advance of each annual session, and at the same time that the dues accruing from the annual assessment are sent in. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

SEC. 15. No money expended by any member, or any county society, for any purpose whatsoever, if they expect to be reimbursed by the Nebraska State Medical Association, will be repaid by this Association, unless such expenditure has first been authorized by the Council of the Association.

CHAPTER XIV.—AMENDMENTS.

These By-Laws may be amended at any annual session by a majority vote of all the delegates present at that session, after the amendment has laid upon the table for one day.

Digitized by Google

SECRETARIES OF COUNTY MEDICAL SOCIETIES OF NEBRASKA

County.	Name	Address
Adams	F. H. Kuegle	Ingleside.
Burt	M. Wood	Tekamah.
Box Butte	Chas. E. Slagle	Alliance.
Butler	H. E. Marselus	Octavia.
Buffalo	J. S. Blanchard	Kearney.
Boone	F. J. McRae	Albion.
Boyd	C. L. Hooper	Butte.
Cherry	Robt. P. Hoxsey	Valentine.
Cass	O. E. Liston	Elmwood.
Clay	A. R. Ray	Fairfield.
Cedar, Dakota, Dixon, Thurston	John Buis	Pender.
Colfax	H. D. Myers	Howells.
Cumming	H. L. Wells	West Point.
Custer	F. W. Buckley	Broken Bow.
Cahse, Dundy, Hayes, Hitchcock	Jas. R. Bell	Trenton.
Omaha, Douglas	Robt. H. Hollister	514 Brandeis Theatere Bldg., Omaha, Neb.
Dawes	George W. Deemer	Chaldron.
Dawson	C. L. Emmons	Overton.
Dodge	S. A. Preston	Fremont.
Franklin	Hal C. Smith	Franklin.
Furnas	E. E. Cone	Oxford.
Fillmore	F. L. Beck	Geneva.
Gage	L. E. Penner	Beatrice.
Harlan	S. M. Baker	Alma.
Hall	W. T. Engleman	Grand Island.
Hamilton	J. M. Woodward	Aurora.
Howard	C. D. Piasecke	St. Paul.
Holt	J. P. Gilligan	O'Neill.
Jefferson	H. E. Potter	Fairbury.
Johnson	A. P. Fitzsimmons	Tecumseh.
Kearney	J. W. Craig	Minden.
Knox	J. P. Bates	Verdigre.
Lancaster	R. B. Adams	Lincoln.
Lincoln	T. J. Kerr	North Platte.
Nance	F. W. Johnson	Fullerton.
Madison	W. H. Pilger	Norfolk.
Merrick	J. E. Benton	Central City.
Nuckolls	W. F. Mitchell	Superior.
Nemaha	E. M. Tyler	Auburn.
Polk	L. M. Shaw	Osceola.
Phelps	P. A. Sundbury	Holdrege.
Pierce	W. T. Kile	Plainview.
Platte	W. R. Neumarker	Columbus.
Pawnee	J. C. Waddell	Pawnee City.
Otoe	Wm. Edmonds	Nebraska City.
Red Willow	C. L. Fahnestock	McCook.
Richardson	W. E. Shook	Shubert.
Saline	Howard W. Quirk	Crete.
Stanton	E. C. Underwood	Stanton.
Sherman	A. E. Wanek	Ashton.
Scotts Bluff	H. P. Sheldon	Scottsbluff.
Saunders	F. E. Way	Wahoo.
Thayer	Chas. Henry	Hebron.
Valley	C. J. Miller	Ord.
Washington	G. A. Langstaff	Blair.
Wayne	A. B. Cherry	Winside.
Webster	H. S. Reed	Guide Rock.
York	J. N. Plumb	York.

Digitized by Google

NOTICE TO MEMBERS OF N. S. M. A.

At the last meeting of the Nebraska State Medical Association a bureau for Medical Publicity was established in accord with a recommendation by Dr. A. D. Nesbit of Tekamah, in his Presidential Address. It is printed in full in the June number of The Review.

The ethics of our profession have prevented the individual physician from acting on medical matters in a public way as we suggest in this notice.

The A. M. A. has advised all State Medical Associations to act. The N. S. M. A. took up Medical Publicity and provides a way for every community to carry out an ethical scheme.

The physicians in Lancaster county have been doing this pioneer work for the past two years with marked success. What they have done can be done in every county in the state.

This committee is styled, "A Committee for the Prevention of Contagious and Infectious Diseases and other Purposes". Its object is set forth herein.

We, your committee, recommend that the president of each County Medical Society cal a special meeting at once and form some effective plan for Medical Publicity. Appoint a committee of one or more active members fro meach city or town in the county. It shall be the duty of each member of this committee to cal together his associates in his home town to plan and work out any scheme for publicity best suited to their particular locality.

To make any kind of work a success you must get the endorsement and support of the people. Call together some of the best citizens and show them how an ounce of prevention is worth more than a pound of cure.

What we expect to accomplish in years to come, is this:

1. To do something for humanity not measured by dollars and cents.
2. To teach the public the cause of disease and therefore ways and means of its prevention.
3. To extend the average age of our citizenship.
4. To stimulate a closer relation between the local medical profession and our clientele.
5. To teach the men and women of our land that these temples of their soul should receive more attention than the beasts of the field.
6. To expose medical fakes and fakers.
7. To protect the innocent public from the commercial medical thievery of the day.

As to the ways and means these suggestions may be a guide:

1. Insist on a physical examination of all school children, by the card system.
2. Lectures to all institutions of learning, on invitation.
3. Public addresses when possible.
4. Invite the pastors of churches to lecture on health problems.
5. Contribute 400-word articles to the Press each week on some phase of preventive medicine.
6. Investigate the school physiologies and suggest changes if necessary, as they did in Lincoln.
7. Offer your services to neighboring towns, and invite return service.
8. Invade the moving picture shows with illustrated lectures, they will be glad to receive this service because of increased attendance.
9. Talk shop in season and out of season, do anything to push medical publicity.

Do this work free for the time being. When public sentiment has been established in favor of these reforms, remuneration will surely follow.

Let us make the medical profession stand for more in the mind of the layman than ever before. Show ourselves interested in their welfare and they will surely become more interested in things medical.

Digitized by Google

The A. M. A. is now at work in this field of preventive medicine. The chain is complete in this way—the community, the county, the state and the national organization. The community is the real place for active work. It is now up to every physician in the state to do his share of publicity.

Your committee offer these suggestions as a guide for publicity in things medical. Do anything along this line that seems best for your locality.

Very respectfully submitted,

H. L. WELLS, Chairman, West Point,
F. A. LONG, Secretary, Madison,
W. H. WILSON, Lincoln,
I. N. PICKETT, Odell,
J. M. AIKIN, Omaha.

SAUNDERS-CASS COUNTY MEDICAL SOCIETY.

The Saunders-Cass County Medical society met in Ashland, July 11th. The meeting was exceptionally well attended. The morning session consisted of a business meeting after which the following papers were read:

Paper—"Some Points in Obstetrics," N. D. Talcott, M. D., Greenwood.

Discussion opened by J. G. Smith, M. D., Wahoo.

Paper—"The Commission Fee and the Country Doctor," G. H. Gilmore, M. D., Murray.

Discussion opened by E. T. McGuire, M. D., Mead.

Paper—"More Careful Diagnosis," M. A. Nye, M. D., Memphis.

Discussion opened by J. M. Neely, M. D., Elmwood.

At noon, basket picnic dinner was served, each physician had brought a hamper filled with choice delicacies; these together with hote new-peas, potatoes, and coffee, served by the Ashland members made a very tempting meal.

The afternoon program:

1:30 P. M.—Scientific Session, with President Talcott in the chair.

Paper—"Eight Cases of Cerebro-spinal Meningitis," I. C. Munger, M. D., Eagle.

Discussion opened by P. E. Koerber, M. D., Yutan.

Paper—"Medical Legislation and Public Policy," E. O. Weber, M. D., Wahoo.

Discussion opened by O. E. Liston, M. D., Elmwood.

Paper—"Alimentary Disorders," Frank Tornholm, M. D., Wahoo.

Discussion opened by E. W. Cook, Plattsmouth.

The teaching of Sexual Hygiene, Dr. Jones, Greenwood.

Mrs. E. A. Wiggenhorn and little daughter, each rendered two vocal solos, which were greatly appreciated. Miss Dorothy Scott and Miss Helen Harford rendered instrumental numbers.

A woman entered the Cossitt library the other day and solicited the assistance of a lean desk clerk.

"I am searching for a book called "The Dentist's Infirmary," she said. "The president of our literary club told me to get it."

"'The Dentist's Infirmary?'" repeated the clerk with a rising inflection, vainly trying to associate such a book with a study class.

"Yes," said the woman. "It's all about devils and angels and such like."

The light of understanding dawned on the puzzled face of the clerk.

"Oh, you mean 'Dante's Inferno.'"

Digitized by Google

BOOK REVIEWS.

OPERATIVE OBSTETRICS.

Including the surgery of the newborn. By Edward P. Davis, M. D., Professor of Obstetrics, Jefferson Medical College, Philadelphia. Octavo volume of 483 pages, with 264 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $5.50 net.

The paper is highly finished, and the illustrations superb. All operations, from the simpler to the gravest, are well illustrated, and the accompanying text elucidates them thoroughly. Ether is favored as an anesthetic. X-ray illustrations of flat, rachitic, justo-minor and irregularly contracted pelves are shown. External pelvimetry is clearly illustrated. Internal and external version, and the application of forceps are well illustrated, both in high and low application. Vaginal Caesarean section has a number of remarkably clear cuts. The author gives his experience in 95 cases of abdominal delivery, with death of 9 mothers and 6 children. Bibliography is voluminous, fitting the reader for convenient search of literature, if he so desires.

SURGICAL OPERATIONS.

By Prof. F. Pels-Leusden. Translated by F. E. Gardner, M. D. Pages 726, quarto, linen. Published by Rebman & Co., New York. Price $7.00.

The publishers should be encouraged in their efforts to make accessible to the English-speaking medical profession much of the best in modern German literature. The volume before us is from the pen of the chief of the surgical dispensary of the Charite Hospital in Berlin, a pupil of Koenig's, who has grown up in the traditions of the school of von Langenbeck and von Bergmann He presents a good exposition of the classical operative procedures, and makes his book especially valuable to the student by the detailed consideration of the simpler maneuvers. such as, for instance, catheterization. Abundant and clear diagrammatic drawings elucidate the text.

If any fault might be found with the work it is that of ultra-conservatism. The author makes no mention of many of the newer procedures whose place in surgery seems to be established with reasonable security, and clings to older methods which are not always in accord with modern teachings.

The book is well printed on good paper. It makes a good text-book; its value to the practitioner would be considerably enhanced by sufficient references to the literature.

BLAIR'S POCKET THERAPEUTICS.

A Practitioner's Handbook of Medical Treatment. By Thomas S. Blair, M. D., Neurologist to Harrisburg, Pa., Hospital; Author of "A System of Public Hygiene," "Blair's Practitioner's Handbook of Materia Medica," Member of the Harrisburg Academy of Medicine, American Medical Association, etc.; 373 pages, special Bible paper; bound in limp leather; price $2.00. Published by The Medical Council Co., Forty-second and Chestnut streets, Philadelphia, Pa.

This book gives a condensed intelligent discussion of the best methods of treatment, based on scientific principles, with a well-tried, reliable formula occasionally to illustrate the application of the principles. The author gives many modes of treatment far in advance of the present text-books. An ingenious method of indicating relative dosage is to print the name of the drug in capital letters for large doses, in ordinary type for medium doses, and in italics for small doses. An exhaustive "Table of Large, Medium and Small Doses" is given in the book.

Digitized by Google

In order to get all this within the compass of a book for the pocket, a very thin, tough Bible paper has been used, so that it is really a much larger book than it looks.

This book will be a useful pocket companion to the physician in his daily work.

INTERNATIONAL MEDICAL ANNUAL.

To begin with, a review of the International Medical Annual, a book that not only gives in abstract form the advances in medicine and surgery during the past year, but does so in a style that is particularly easy and interesting, is a pleasant task. The annual published in America by E. B. Treat and Company and styled a "Year Book of Treatment and Practitioner's Index," is in its thirtieth year. Its contributors are among the best men in England and America and its editors, judging from the book, equally capable.

Part one, containing ninety-six pages, consists of a review of the literature on new drugs and new uses of old drugs, all arranged in alphabetical order so as to be readily referred to. The article on Salvarsan, consisting of a 20-page review culled of all extraneous matter and followed by a very complete list of the references used, is itself worth the price of the book. Radio-activity in diagnosis and treatment, Radium and Ionic Medication are also taken up in this section.

Part two opens with a general review of the different departments of medicine and surgery with mention of the most important lines of work being done in each. Then follows a review of medical and surgical progress for 1911, together with a brief synopsis of treatment recommended during recent years. This section is also arranged in alphabetical order so that any subject may be easily referred to without consulting the index. Cross references to other articles upon the same subject under different headings are also given.

Part three, twenty-eight pages, includes Medico-Legal and Forensic Medicine, State Medicine, Industrial Diseases and Toxicology and a special article on the English Insurance Act as it affects the medical profession.

It would be manifestly impossible to review any of the special articles taken up in the short space allotted to this review; suffice to say the book as a resume of the literature is thorough, the style pleasant and the arrangement of the subjects particularly commendable. Quoting from the preface, "The chief value of information to the practitioner depends upon his ability to refer to it without delay when a case arises requiring its practical application. We may remember to have read of some new method but when we want to employ it time cannot be spared to find the source of information. The Annual supplies at once the whole literature upon the subject filtered of extraneous matter, crystallized, submitted to criticism and so arranged that it is immediately available for reference."

The Medical Annual compares most favorably with similar reviews of the literature with which we are familiar. The book sells for $3.50, it is worth more.

FRANK M. CONLIN, Omaha.

"Come over and play with my little boy, sonny," called the pleasant-faced new neighbor to the solemn-faced urchin on the fence between the two lots.

"Is your little boy sick or anything?" came the child's earnest question.

"No, indeed, sonny. Why?"

"'Cause I've had my tonsils taken out an' my adenoids removed an' my appendix cut out an' I've been vaccinated an' serumized for typhoid an' spinal meningitis, an' I've had antitoxin injected, an' I do hope I won't have to have anything done to me this year, so's for a little while I can have a bit o' fun."

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00. The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

Dr. A. G. HAMILTON, Thermopolis, President DR. W. H. ROBERTS, Cheyenne, Secretary
DR. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. H., Rock Springs.

Vol. XVII. CHEYENNE, WYO., AUGUST, 1912. No 8

ABSTRACTS.

Is Idiocy Curable.

The Hungarian medical papers report the sensational case of Dr. Payr, director of the Leipsic surgical clinic, who attended an idiotic child on whom he performed an operation consisting of the implantation of a part of a normal thyroid gland in the child's kidney. The thyroid gland maintained its functional capacity in the new body, and within one month the child became regenerated and could be dismissed from the hospital entirely cured. Dr. Alapy, director of the surgical section at the pediatric clinic in Budapest, says that while the administration of thyroid gland to idiots and cretins is neither new nor altogether satisfactory, because the improvement realized is only temporary, Professor Payr's method promises lasting cure, inasmuch as the alien thyroid gland—if developing further in the body—produces itself the fluid which supplies the blood with that constituent the lack of which causes idiocy. This is not the first time that Professor Payr has attracted the attention of the scientific world. Before he left Hungary, while he was still assistant at Gratz, he transplanted different organs into animal and human subjects, with such success that the organs maintained their functional activity.

Digitized by Google

Gonorrhea in Girls.

Louise Morrow and Olga Bridgman, Geneva, Ill. (Journal A. M. A., May 25), report on the treatment of 300 cases of gonorrheal infection in girls admitted to the Illinois State Training School for Girls. The average annual admissions are 200, 55 per cent of which are thus infected at the time of entrance. It is of all degrees of severity, from the generally mild innocent infection to the virulent and obstinate cases seen in the prostitute and habitual masturbator. A thorough physical and microscopic examination is made of each case on admission, and microscopic examinations of infected cases are made at least once a month from the beginning of treatment till its end. The patients are kept under treatment for two months after all the germs have disappeared from the discharges, and, after treatment, monthly examinations are still made and records kept. In giving the treatment the speculum is used wherever possible, but in the very young patients and some of those with undoubtedly innocent infection, this is impracticable, and these cases are more difficult on this account. Formerly, these children were treated with douches without any good effects, and the authors condemn douches in general in the treatment of these cases. Instillations of argyrol and 1 per cent silver nitrate by long medicine droppers are not much better. The authors sum up their method as follows: "1. For cases in which the speculum can be used, semi-weekly treatments, once with 25 per cent silver nitrate to the cervilx and 10 per cent to the vagina, followed by an application of petrolatum, and once by a 25 per cent paste of iodoform in glycerin have given the best results. This treatment is not improved by the use of gonococcus vaccine. 2. For little girls and in virgins with an innocent infection, local cleanliness and the use of gonococcus vaccine give the best results. Because of the tendency to recurrence of the infection, however, this is not entirely satisfactory. 3. Vaccine is of the greatest use in cases with joint complications. Here it is almost invaluable."

Pellagra.

Smith (*Medical Record*) estimates that, at the present time, there are from 10,000 to 15,000 cases of pellagra in the United States, principally in the southeast. Insane asylums have furnished the most malignant type of the disease. Pellagra is rapidly increasing at the present time. As to its etiology, many theories have been advanced, but none has stood the test, and

Digitized by Google

we have no definite knowledge as to its cause. The diagnosis of pellagra in well marked cases is made from the so called pellagrous triad of erythema, nervous and digestive disturbances. Its diagnosis is not infrequently missed by competent diagnosticians because of the lack of knowledge of its symptomatology; an early diagnosis is difficult in any case. The mortality rate of pellagra is much higher here than in Europe, the type of the disease being aparently more severe than that of the Indian pellagra. From twenty-five to 33.3 per cent of the cases are fatal in the United States, double the mortality of "sunny Italy." There is no known specific treatment, but large success follows regulation of diet, wholesome environment (climatic change, if possible), and arsenical medication in the form of atoxyl, soamin, salvarsan, etc. The writer suggests that pellagra should receive the serious consideration of the National Health Department, that it should be made a reportable disease, and that an educational campaign should be instituted against it.

Pain in Renal Disease.

Zimmerman, in the American Practitioner and News, points out the frequency with which pains located in the kidney region are misinterpreted. Grave kidney lesions are often overlooked because the pain is supposed to be due to some affection of muscles, spinal column, or nerves ;and, on the other hand, kidney disease is diagnosed when the lesion is really one of muscle, or bone, or of some organ whose location is remote from the kidney.

Pain is a prominent symptom of many surgical affections of the kidney and ureter. It may be local or referred. In character and severity it ranges from a heavy, dragging sensation in the lumbar region, scarcely to be dignified by the title of pain, to the most intense and excruciating agony of renal colic. Pain may be the result, either of irritation or of distention of the kidney or ureter. The origin of renal pain involves the question of the sensitivity of the viscera. This subject has received much attention at the hands of both psysiologists and clinicians. It is a fact long since demonstrated that the viscera may be subjected to the action of intense chemical, thermal and mechanical stimuli "without in the most evanescent or slightest degree affecting the attention of consciousness."

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Neb. Per Annum, $2.00. The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. Jonas, M. D., President — H. L. Akin, M. D., Sec.-Treas. — H. Gifford, M. D.
F. E. Coulter, M. D., V-Pres. — H. L. Burrell, M. D.

A. L. MUIRHEAD, M. D., Editor.

C. C. MORISON, M. D., Associate Editor.

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H.L.	Crowley, C. F.	Hamilton, H. P.	Owen, F. S.
Allison, C. C.	Christie, B. W.	Jonas, A. F.	Pollard, C. W.
Akin, H. L.	Davis, B. B.	Lake, F. W.	Rich, C. O.
Bryant, D. C.	Dunn, A. D.	Lemere, H. B.	Rix, R.
Bridges, W. O.	Foote, J. S.	Mack, A. E.	Stokes, A. C.
Crummer,LeRoy	Gifford, H.	Milroy, W. F.	Somers, A. B.
Coulter, F. E.	Henry, W. O.	Moore, R. C.	Schalek, Alfred
Condon, A. P.	Henry, E. C.	Moriarty, Pierre C.	Sumney, H. C.
Conlin, F. M.	Hollister, R. R.	McClanahan, H. M.	Towne, S. R.

Anderson, A. B., Pawnee City	Long, F. A., Madison	Poynter, C. W. M., Lincoln
Artz, C. V., Hastings	Von Mansfelde, A. S., Ashland	Hopkins, S. R., Hastings
Coats, A. J., Fairbury	McConaughy, R., York	Pickett, I. N., Odell
Dayton, W. L., Lincoln	McDonald, R. C., Fremont	Quigley, D. T., North Platte
Everett, M. H., Lincoln	McKinnon, A. I., Lincoln	Rork, L. W., Oxford
Hilton, D. C., Lincoln	Mitchell, A. R., Lincoln	Talbot, W. E., Broken Bow
Hildreth, M. L., Lyons	Orr, H. Winnett, Lincoln	Wilson, W. H., Lincoln

Vol. XVII. OMAHA, NEB., SEPTEMBER, 1912. No. 9

EDITORIAL.

Digitalis Preparations.

The leaves of the purple fox-glove were first brought into general use by Withering in the latter part of the eighteenth century as an empirical cure for dropsy and have since been used as a therapeutic agent in the treatment of many abnormal conditions of the heart and circulation, often without any beneficial results and sometimes with positively injurious effects. This fact should not lead us to discredit this valuable drug but rather impel us to a more careful study of the conditions surrounding its use with a view to obtaining more certain and uniform results.

Digitized by Google

It is well to remember that the active principles of digtalis being glucosides are much less stable than alkaloids, consequently the Galenical preparations are subject to deterioration when kept too long and are not capable of chemical standardization. Even the fresh leaves vary considerably with climate, soil, season and other changeable conditions.

Attempts at physiological standardization of digitalis preparations by means of frogs have not been entirely satisfactory as the hearts of different species, and indeed of different sexes of the same species, show quite wide variations in their reaction to a standard solution.

Most, if not all, of the so-called digitalins on the market are mixtures in varying proportions of digitalis glucosides. Many of them are entirely inert and the others differ enormously in the degree of their efficiency; in fact during the last three years we have failed to obtain any definite physiological results from any, so-called, digitalin obtainable on the market. Ouabain, a strophanthus gucoside, seems to be fairly permanent and reliable but the available quantity is entirely inadequate to supply any very great demand for it.

But failure to obtain therapeutic results from the administration of digitalis is not always due to inefficiency of the preparation used. Often the susceptibility of patients varies as much as the potency of the preparations used. It is generally known that therapeutic doses do not alter noticeably the normal human heart either as to rate or force, so in case of erroneous diagnosis of muscle insufficiency no results would be apparent. Digitalis usually fails to slow the irregular and rapid heart of nervous affections, as in Graves disease. In acute febrile conditions and severe toxemias the Vagus centre often fails to respond and even the tonic action of the drug is sometimes prevented by the depressant action of the toxines upon the heart muscle. Even in some cases of organic irregularity due to auricular fibrillation digtalis has little effect owing to degenerative changes in the muscle itself. It can thus be seen that an efficient preparation may fail to give apparent results due to varying conditions in the patient. It should always be kept

Digitized by Google

in mind that the pulse alone cannot be relied upon as an indication of digitalis efficiency. Often there is a marked improvement in the circulation, respiration and general well being of the patient without any noticeable change in the pulse rate.

The most active constituents of digitalis are sparingly soluble in water and as the animal body is largely an aqueous compound it follows that digitalis preparations are absorbed slowly and precious time may be lost before the physiological action is fully developed. For the same reason of low solubility in water, excretion is also slow and may be less rapid than absorption thus "cumulative action," so-called, may result.

Cloetta, in 1904, isolated from digitalis leaves and described an amorphous glucoside soluble in water which he called "digitoxinum solubile" and which is now on the market in a dilute glycerine solution under the name digalen. The crystalline digitoxin of Schmiedeberg, which is insoluble in water, has the same chemical structure as the amorphous digitoxin of Cloetta but twice the molecular weight so it is probably a polymer. As the amorphous glucoside is quite soluble in water it is absorbed readily thus avoiding the danger of accumulation in the organism. It can be administered in any manner desired and when given intravenously its rapid diffusibility makes it possible to obtain immediate results. When tested by the ordinary toxicity test of stopping the heart of a frog or rabbit, digalen seems much weaker than a standard tincture of digitalis requiring three or four times as much to cause stoppage, but if tested as to physiological and not toxic results it is found that an equivalent amount of digalen will produce as distinct and marked slowing of the heart as the tincture and as great an increase in systolic force.

Laboratory results appear to indicate that in the use of ordinary Galenical preparations of digtalis the tonic and toxic effects are produced in varying degree by different gucosides and that soluble digitoxin is one which possesses more valuable therapeutic properties, with a greater degree of safety, than the mixture of glucosides found in the tincture.

It should be kept in mind that in animal experiments we are

Digitized by Google

applying it to a normal organ endeavoring to render it abnormal and are *resisted* by nature, while in rational therapeutic use we are applying the drug to an abnormal organ endeavoring to render it normal, and as a consequence are *assisted* by nature. This is why cases of auricular fibrillation are more readily and more markedly affected by digitalis than cases with normal rhythm.

Digilalis is nearly always given in too small doses. The best results are obtained from the largest doses the patient can stand without discomfort.

Many reports of the clinical use of dilagen have been published and not all are favorable. It will doubtless be for the future to show to what extent the new remedy will maintain its position and more especially whether it will succeed in replacing, as Cloetta hopes, the well tried parent plant, and in reforming digitalis therapy. This much, however, is certain, that a valuable remedy has been added to the medical armamentarium.

Medico-Legal Defense for Malpractice—Not One Cent for Compromise.

Several causes have of late worked to make the headlines above given appropos of the moment. First, several defense companies have prominently stated that malpractice suits brought in consequence of disagreement between patient and doctor, as to the settlement of the latter's bill, will be prosecuted with as much vigor and persistency as those brought for supposed malpractice. Second, the Medico-Legal Defense company of one state has a suit pending, which it is thought can be settled out of court by the payment of a small sum to a surgeon who attended the patient, who has sued the first attendant for malpractice, and third, the president of the Iowa State Medical society, Dr. L. W. Littig, in his president's address at Davenport, May 8-10, 1912, has this to say under the caption, Medical Defense:

"Sometimes I fear malpractice suits are due to an uncompromising attitude on the part of the doctor in the presentation

Digitized by Google

of his bill for services. It must not be forgotten that, no matter how just the claim for services rendered, even a successfully defended suit for malpractice is a very expensive procedure in time, money and reputation, and that its cost will more than offset the fee involved. There is no such thing as getting glory out of a suit of malpractice. The doctor, even if the case be taken from the jury, is sure to be blamed by a certain number of people in the community. It involves an unpleasant, distasteful notoriety. Good advice is, do not resort to the courts to collect a fee, if by so doing a malpractice suit may result, unless your management of the case will stand the severest criticism. Do not indirectly invite a suit for malpractice simply to vindicate your position. The Medico-Legal committee was called upon to defend a $15,000 suit when the patient offered to pay $60 and the doctor insisted on $75, and here they stuck. This suit cost the society several times the amount of the original bill and was finally dropped, the doctor collecting his fee in full. But I do not believe that he is the gainer by the transacton."

The writer does not doubt that every defense committee and every defense company have had these experiences; the Nebraska state association is not an exception. It has had malpractice cases in embryo, when the defendant showed enough sense to compromise his bill, avoid the expensive law suit for himself and his defenders and, what is more valuable, saved himself from just or unjust criticism, as the case might be, from his friends even.

The Medico-Legal Defense committee of the N. S. M. A., if the writer may venture an opinion on their part, will use as much energy and devotion in the defense of a malpractice suit originating from a disagreement as to fees as from any other cause; but the writer earnestly hopes it is also agreed with him, that the flaunting of the fact, that they will stand by their client through thick and thin if the suit is thus created, does not constitute an ethical means of using the defense fund, nor taking out insurance against such risks.

We think that Dr. Littig's position is well taken and does

Digitized by Google

him credit. We earnestly advise our brethren in the profession to practice what he preaches: To avoid malpractice suits if pennies and not principles are involved; besides saving humiliation on the one hand and the waste of funds on the other, which contributed by all his brother members, are a trust, which all must strive not to squander upon trivial provocation.

History Taking.

The importance of carefully kept history records of patients seen and examined is realized by most specialists. The general practitioner is lax in this regard and it is to him this plea is directed.

Case history taking makes for thoroughness in the examination, exactness in findings and is time well spent and incidentally much appreciated by the present day patient who demands thoroughness and who appreciates good work. It is but natural for sick people to appreciate this personal interest, most of them like to feel that their care is the only one the physician has—stimulate that appreciation by glancing over your records which give you all the important details of his present, past and family history and your findings on previous examinations.

How often the man who does not keep records must ask himself, "What did this patient come to me for?" "What was the condition of his heart?" "Was the dullness in the upper right lung or the left?" "Did I find anything abnormal in the urine?" One cannot be expected to keep all the detailed findings in every case in mind and it is a useless tax upon the memory. Case history cards with printed forms and diagrams can be easily and quickly made out and filed in card index system where they may readily be referred to at such times.

Another point, how often the patient says, "Doctor, that prescription you gave me the first time I came to you helped me greatly," and we wonder just what the prescription contained. Carbon copies of prescriptions could easily be made to file with records. One will never be at a loss then to know what

Digitized by Google

was used in a particular case, what was efficacious, what was not, the dose, etc.

Much can be learned from a perusal of one's records of cases if those records are thorough. Comparisons with text book descriptions and cases reported in journals and at the medical societies will not only be interesting but most helpful.

The habit of taking histories of cases promotes accuracy of observation, completeness in examination and affords trustworthy material for future reference.

Rural Immorality.

Rural immorality seems to be so widespread as to warrant considering it an universal phenomenon. We certainly are having a hard time convincing farmers of the iniquity of selling dangerous foods. They certainly have killed an awful number of us with typhoid fever, and our sanitary inspectors are in constant danger of assault or worse. Is it possible that we have reversed matters, and the least moral are now in the rural districts? The best farmers of Europe do not come here—they are too contented at home. We get the failures now and we cannot expect them to do any better than they did in Europe. Fifty years ago they stumbled on good western lands which they immediately despoiled and became rich. Some of these are wandering into Canada to repeat the process, leaving our farms to still worse. On the other hand, the returns of intelligent scientific farming are so great, and abler men are succeeding so well, that an opposite selection is going on by elbowing out those too stupid for modern ways, and who become hired hands. Will these new farmers be able to sustain a higher moral code than the failures have? Time only can tell, but now we must sorrowfully confess that the countryman is not as good as he used to be, so that city vice is largely supported by visitors from the country, bent on a "fling," but who are steady churchgoers at home. All bunco and gold-brick swindles are based on the immoral greed of a country victim and should not be blamed on the city exclusively. Cities have enough to shoulder, goodness knows, and in all fairness ought to shift some of the blame on the country.—American Medicine.

Digitized by Google

ORIGINAL ARTICLES.

Infections of the Upper Air Passages and Some Complications.

*By JAMES GOETZ, M. D., Omaha.

Apart from common colds and the minor inflammations of the upper air passages, we find many infections of this region which present symptoms and complications calling for serious consideration. Many of these infections are of known origin and many are not, presenting no characteristic organism which can be assigned as their cause, but whether or not we can show a definite causation, the fact remains that we do have these infections, starting in as common colds and developing severe local and constitutional symptoms and often serious complications.

These infections sometimes occur in epidemic form, sometimes sporadically. About four years ago there occurred in this city (Omaha) such an epidemic, during which time the physicians of the city were busy caring for severe cases of rhinitis characterized by irregular fever, break bone pain, and frequent middle ear infection demanding paracentesis. The peculiar feature of the epidemic was that the infection in the ear was very virulent, did not suppurate rapidly, and was very slow in healing. The epidemic was at that time generally described as La Grippe, but if you will remember, many of the cases were due to a diplococcus, resembling very closely the diplococcus of Fraenkel.

Only recently Davis and Rosenow of Chicago described an epidemic of severe septic sore throat, resembling diphtheria, characterized by severe constitutional symptoms and frequently severe complications in which a peculiar streptococcus has been obtained from the tonsils and secondary lesions. There is no constant nor characteristic clinical picture presented by these severe types of infection. In some cases even the local symptoms may be masked by the predominance of the constitutional symptoms and thus some difficulty in making the diagnosis may occur. In other cases the local symptoms may be of extreme severity due to intense inflammation in the nose, throat, ear and accessory sinuses. But what I wish to call particular attention to is the fact that many severe and sometimes fatal com-

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

plications occur which can only be ascribed to the local infection in the nose or throat as the primary cause.

Among these complications may be mentioned especially pleurisy and pericarditis. Pleurisy is quite frequent, usually progresses to exudation, seldom requiring aspiration, usually disappearing within ten or fourteen days from the onset. Pericarditis happens occasionally and as a rule does not progress further than the fibrinous stage and is usually very benign. A few weeks ago I saw with Dr. Pollard of this city (Omaha) such a case. A young girl had been ill for about ten days with a severe cold, including irregular fever, and marked prostration, no pain in muscles or joints. After suffering so for ten days, she complained of severe pain in the left side and cough. Examination at that time showed the characteristic signs of plastic pleurisy, which soon developed an effusion. Within a week of the development of this complication, she developed a pericardial pain and marked dyspnoea, and examination showed a characteristic pericardial friction rub. Within a week all the symptoms subsided and the patient had recovered from her severe cold and its complications. This case is fairly typical, although sometimes the condition is protracted and requires more energetic treatment than was used in this case.

A peculiarity of all forms of septic sore throat and septic rhinitis is the tendency to the development of a benign or septic endocarditis. Many a case of valvular heart disease owes its origin to one of these infections. I have at present under treatment a young man aged 17, who at the age of 7, as a result of a "bad cold," developed such a condition, with a resulting chronic valvular lesion. During the ten years since the original endocarditis, he has suffered five acute exacerbations of his chronic endocarditis and has also had one attack of plastic pericarditis resulting in a pericardial synechia with its characteristic physical signs. The boy is at this time in the hospital recovering from one of these acute exacerbations.

Many of these heart lesions, the result of definite local infections in the nose or throat, are erroneously called rheumatic. As for myself, I prefer to ascribe to rheumatism only those cases which are associated with acute rheumatism with its characteristic joint changes. Too often endocarditis, pleurisy and pericarditis are ascribed to rheumatism, because of the presence of fever and vague muscular pains, when in reality the cause may be found to be some obscure local infection, which

Digitized by Google

may be identified by the exercise of a little patience or a little more thoroughness in physical examination.

An acute nephritis is not an unusual result of a severe local infection in the nose. The type of nephritis that develops is extremely acute, develops suddenly and if it takes a favorable turn subsides very rapidly and apparently completely. It occurs especially after an infection of the accessory sinuses and as a result of that form of infection due to a diplococcus resembling that of pneumonia.

About eight years ago a gentleman of this city (Omaha) about 40 years old contracted such an infection. He became very ill as the result of an inflammation in his frontal sinuses. He was treated medically, but without benefit. During the course of the disease the urine suddenly became extremely scanty. He developed severe headache and became dangerously ill with the characteristic symptoms of acute nephritis. Dr. Moriarty saw the case at this time, and succeeded in draining the sinuses. The urine was very scanty, smoky and contained immense numbers of blood, leucocyte and epithelial casts. Within two weeks the urine was practically normal, although he still suffered as the result of the inflammation in the nose and accessory sinuses.

These cases are not rare in general practice, as many can testify.

There is another form of nephritis similar to that which develops during the desquamative stage of scarlatina, which occasionally occurs, especially after an attack of strepococcic tonsilitis. I have seen two such cases within the past year, one of which was also seen by Dr. Schlier. Both cases recovered apparently completely.

I wish to describe another variety of case in which the diagnosis is always difficult and which can only be ascribed to the virulence of an infection located solely in the nose or its accessory sinuses. About five years ago there presented himself a young man who had always enjoyed previously good health. He complained of a severe cold in his head and a feeling of great weakness. He had no fever, but he looked very ill. He was sent to the hospital and given whiskey and 10 gr. doses of sodium salicylate, and treated as for the ordinary common cold. His symptoms grew worse. He developed a profuse muco-purulent discharge from his nose, became very weak; his pulse became shallow; his urine decreased in amount, but at no time showed evidence of any nephritis; physical examination

Digitized by Google

showed an enlarged heart with all sounds distinctly weaker than normal. After suffering for about ten days from this extreme weakness, systolic blowing murmurs were heard at the base and apex of the heart. This organ became irregular in its action, and he died from what I judged to be a myocardial degeneration as a result of the local infection in his upper air passages.

Arthritis of the septic type sometimes develops after a prolonged case of rhinitis. Sometimes the joints are mildly affected, sometimes severely with swelling and fever. The symptoms differ, however, from ordinary rheumatism in that the condition is rarely so severe and the joint affection is not migratory.

Some cases of infection in the nose present constitutional symptoms that suggest anything but a local source of trouble.

About two months ago I saw a young man who had been ill for about a month. He complained at that time of intense frontal headache occurring in paroxysms at the same hour every day, and of extreme weakness. He had a slight irregular fever, attacks of sweating and increasing weakness, no bowel disturbance. His physician, after treating him about a week, made a diagnosis of typhoid fever, later changing it to para-typhoid. I saw him after he had been ill about a month. He was extremely anaemic, very weak and complained chiefly of terrible headache. He was unable to breathe through his right nostril and had at times a slight hemorrhage from this side of his nose. Examination showed absolutely nothing else. Dr. Lemere saw the case at this time and drained the antrum of Highmore with complete and permanent relief of his headache, although the anaemia persisted for some time.

Glandular enlargement especially of the glands of the neck is frequently seen, usually unilateral. Sometimes the glands are painful. The enlargement usually subsides in a longer or shorter time, and it is very rare that they suppurate. It is surprising sometimes how slight the manifest infection in the nose may be and still how severe a cervical adenitis be present. In children these cases may cause some confusion because of the difficulty of differentiating them from tubercular glands.

In short there is no portion of the body which presents a more favorable soil for infection than does that portion known as the upper air passages and connecting cavities, nor is there any area offering more favorable points for the distribution of the products of infection than this. This is necessarily so be-

Digitized by Google

cause of its complex anatomical structure and its extremely susceptible mucous membrane. Many recognizable general infections owe their origin to local infections in the nose or throat. Diphtheria we know and can recognize easily. There is a strong probability that rheumatism, epidemic meningitis and poliomyelitis originate here also. Many other of the acute infectious diseases begin with an acute nasal catarrh. Indeed it is rare that we have any febrile condition without some involvement of the nasal or pharyngeal mucous membrane.

All cases presenting severe constitutional signs of infection without apparent local cause deserve a careful inspection of the upper air channels. All cases of infection in the nose and throat deserve as careful treatment as does infection anywhere else in the body, and it is well to bear in mind that any febrile condition may develop during its course a severe local inflammatory condition in the nose.

It should be remembered that local infection in the nose is very prone to recurrence, so that for long periods some individuals suffer from what they call one cold after another. These people usually become anaemic and run down physically and are good subjects for the development of any infectious disease that happens to be epidemic. Pneumonia is one of the commoner infections and all of us are familiar with the statement that a bad cold existed for some time previous to the development of the initial chill.

Anyone who has the opportunity of examining many cases of pulmonary tuberculosis knows how frequently these people ascribe the start of their infection to a bad cold, that they could not shake off; and they are right, because it is at this period of low body resistance that the bacillus of tuberculosis finds a favorable soil for propagation in these susceptible individuals.

In conclusion it should be remembered that the mucous membrane of the nose and throat is extremely susceptible to infection, that infection of any variety at times causes very severe constitutional manifestations, and that in many cases, unless great care is exercised, the original source of infection may be overlooked and unfortunate complications arise which might have been obviated by proper local treatment.

DISCUSSION.

Dr. Banister, Omaha:

It is refreshing, Mr. Chairman, to see a general practitioner bring forth a paper on such a subject as this and the doctor has covered the whole subject in such an admirable manner that it would not be necessary

Digitized by Google

for any one in special practice to branch out in it in the slightest degree. I think it is a great thing for general practitioners to remember, as a rule, that affections of the upper nasal passages are not the simple thing that they are generally supposed to be and the doctor has shown that they are. in so many cases, followed by serious results. An important point is the relation of these conditions to mastoiditis and severe middle ear involvement. Although the bacteriology of Rhinitis is not very well established, in certain conditions we may expect to have very serious conditions following infection. For instance, in infection by the pneumococcus we must be on our guard against the involvement of the mastoid because in so many cases this affection follows this type of infection. Furthermore, infection of the accessory sinuses resulting frequently from a supposed "common cold" furnishes serious food for thought, and it is highly appropriate that this matter should be called to the attention of the general practitoner.

Dr. Mayhew, Lincoln:

I think the more discussion you have on a paper of this sort the more impression you make on the profession at large as to its relative value. There were several things here that the doctor did not emphasize quite enough. One thing is that doctrine of this sort must be educational. I do not wish to be captious, but I do think that the nose and throat men not only do not impress the importance of this upon the physicians at large sufficiently, but also in points of discussion the able men who are in the field of nose and throat work give us absolutely no adequate methods of treating these conditions. They say "drain" and still they don't tell us how to drain the tonsils; they don't tell us what to do with the tonsils in cases of infection; they don't tell us how to treat the tonsils when infected. In other cases of infection they give us absolutely no measures which are adequate to meet the conditions. They do not believe in removing the tonsils. They do not tell us to have all tonsils removed, whereas every tonsil is liable to infection; they do not tell us to open the tonsil after it is infected. I think the low grade infections just as serious as the high grade —but they leave us alone altogether and leave us up in the air. I think that more radical measures will have to be taken in the treatment of the tonsils and the throat than have been in the past.

In regard to this low grade infection, I have seen a case which extended over a period of eight years at least where the patient ran a condition of endo-carditis, a temperature almost every week; low grade temperature, sometimes running as high as 100½. Eventually this condition resulted in chronic endo-carditis.

The whole condition came from two diseased tonsils. She was examined by a number of men and I believe Dr. Dayton was the first man who advised her to have the tonsils taken out, and being a singer she went to New York and they took out her tonsils, found both of them absolutely infiltrated. Now, she did not have tonsilitis in the ordinary sense of the word. I believe it is up to the pathological workers to tell us something radical to do in the treatment of these diseased conditions which the ordinary practitioner meets.

Dr. E. C. Henry, Omaha:

I think this paper is one of the most far-reaching importance that we shall probably have in our session, and the Doctor has covered the ground very nicely, but it is of so much importance to every one who is engaged in the practice of medicine that I would just like to state one or two anatomical facts in connection with the subject and then enlarge on one or two questions as to where this infection extends.

The upper part of the air passages and the alimentary tract are covered and interlined with lymphoid tissue. Now when that tissue becomes infected in one place we say the patient has tonsilitis; in another place we say he

Digitized by Google

has quinzy. What is the difference between tonsilitis and quinzy? Tonsilitis is lymphoid tissue but it is enclosed in a capsule and a very large per cent of these cases of infection are in that particular pocket. The other point of infection is the lymphatic tissue around the base of the nose and throat—lymphoid tissue which is just a membrane underlying all the mucous membrane and when this tissue becomes involved and infected then we can have our brain abscess and have all the signs of infection. And I think that we ought to remember that these cases that are constantly recurring are very frequently due to the infection of the tonsils and a bad tonsil is like a bad tooth and the old fashioned way of cutting out the part of the tonsil that sticks out is just about as bad as sawing off the top of the tooth, and infection will go on just the same. On the other hand the tonsil may not project at all beyond the surface, it may be down in the pocket and it may be the cause of those continued recurring attacks of rheumatism and incidentally there is a question whether there is such a disease as rheumatism unless you consider rheumatism as an infection. The vast majority of cases of rheumatism are infections of one kind or another. You can stop these recurrent attacks by removing these tonsils and I think if we remember that all germs that get into the blood and circulation can cause these organic lesions of the heart we shall get much nearer to the curing these cases. Any germ that is capable of circulating in the blood, it does not need to be— but all of these germs may be capable of producing heart lesions and the vast majority of these infections are from these upper air passages and we have not done our duty by the patient who comes to us complaining of these infections until we have discovered the condition of his lymphatic tissues and of his tonsils.

Dr Patton, Omaha:

The criticism has been raised, especially a number of years ago, that the nose and throat men were inclined to give entirely too much weight to the influence of the upper air passages upon the general conditons and Dr. Mayhew's request certainly is encouragiing to us in the matter of passing on what information we may be able to collect in regard to the influence of these structures. We as special men appreciate Dr. Goetz's paper for this reason, that we feel that these structures are important and that the medical profession should take hold of this, as it would be a help in the general conditions.

There is one condition that was mentioned, I believe, though not emphasized, and that is, the influence of the upper air passage infections on the optic nerve, and the structures connected with the eye. Formerly it was considered that the alrge majority of optic nerve inflammations were secondary to intra-caranial complications, or to infections originating in some other portion of the body. But the special men are coming to recognize the fact more and more that the majority, and possibly a large majority, of our optic nerve infections are secondary to conditions originating in these upper air passages. Anyone doing special practice could cite case after case where active optic nerve inflammations had cleared up completely after clearing out infections of the upper air passages, and so Dr. Mayhew's request is not only of deep interest to general practitioners, but will encourage the specialists in their effort to demonstrate the relative importance of the upper air passages in relation to general medicine.

Dr. Stokes, Omaha:

I wish to call your attention to a peculiar case along this line. The paper of Dr. Goetz is one which every one should remember. My case illustrates the point very well. A young boy came into the hospital with osteomyelitis of the fibula. At the same time we observed that this boy had a very bad tonsil and we took a culture also from the tonsil and found the same micro-organism in the tonsil that we found in the fibula. This

Digitized by Google

illustartes the point that general sepsis and osteomyelitis is in some cases caused by infection in the upper passages.

One other point: Old root canals and dead teeth are structures in which micro-organisms flourish and constantly feed the circulation. Anybody with an old rotten tooth is liable to any kind of infection anywhere. My experience seems to prove that not enough attention is given by physicians to the presence of decayed teeth in the mouths of their patients.

Dr. Goetz, closing:

I think that the discussion has brought out pretty well the importance of the subject matter of the paper and it is a very important matter, be cause general practitioners come across all kinds of conditions that they know to be of septic origin and still cannot find out a cause for them and a great many of the cases are diagnosed incorrectly. Some of these cases are extremely obscure and it is not uncommon that the cause is found in the head somewhere, such as the case that was diagnosed as typhoid fever, when the trouble was located solely in the nose. It was cured by emptying out the antrim of Highmore.

Another thing, many cases of pleurisy, pericarditis and endocarditis are called rheumatic. In fact, it has been said that pericarditis as an entity exists only as a manifestation of rheumatism. I don't think this is so any more than I think you could call every case of high fever with great pain rheumatism, but I do think in most of these cases you will find a local cause of infection and many times it is in the head.

In regard to treatment, I didn't say anything at all about treatment. It is outside of the province of my paper. I thank you for your discussion.

The Common Pathological Conditions of the Upper Nasal Passage.

*By H. B. LEMERE, M. D. Omaha.

These pathological conditions of the upper nasal passage may conveniently be divided into, first, obstruction to respiration, and second, obstruction to drainage.

In considering obstruction to respiration it must be remembered that the air current on entering the nose does not diffuse itself equally throughout the nasal chamber but normally passes in a path which describes an arc the two ends of which are the anterior and posterior nasal openings and the summit of which is that part of the nasal cavity occupied by the middle turbinate body. It is in this region that the accessory cavities of the nose empty and it is essential to their proper drainage and health that not only shall no obstructions such as a hypertrophied middle turbinate, a deflection of the septum or nasal polyps press on and obstruct their openings, but also that they shall receive the assistance of a free current of air of sufficient velocity. This current of air passing by the openings of the ethmoid cells and accessory cavities will act in the same manner as the stream of water in the common form of the vacuum pump, and will have

*Read before the Omaha-Douglas County Medical Society, Omaha, May, 1912.

Digitized by Google

a tendency to drain these cavities and ventilate them. It is for this reason that many patients with a perfectly unobstructed inferior meatus which is so patulous that it is apparently more than sufficient for any respiratory function, still complain of nasal obstruction.

In these cases the obstruction of the middle and superior meatus forces the air in an unnatural direction along the inferior meatus and a sense of fulness and obstruction is felt at the bridge of the nose. The anterior third of the middle turbinate occupies an area into which empty the frontal and maxillary senuses and also the anterior ethmoidal cells. The middle turbinate itself not infrequently contains a pneumatic cell at this point and a cystic condition of this cell may enlarge the middle turbinate to an enormous extent. Successive inflammations from colds and chronic catarrh cause such a charge in the formation of the anterior end of the middle turbinate that it may completely and permanently block the nose in this region.

The effect of such blocking on the adjacent cavities is to cause a stagnation of the secretions and a low grade inflammation. This produces mental dullness and headache. These symptoms are further increased if a negative pressure or partial vacuum obtains in these cavities similar in nature and cause to that obtaining in the middle ear when the eustachian tube is obstructed.

When an acute infection is imposed on this condition and the cavities become filled with pus or mucopus, there is a positive pressure produced.

In considering the symptoms of this condition I will embrace under the classification of the upper nasal passage the frontal, maxillary and ethnoidal cavities, as a severe infection in this region is usually general among these cavities and does not confine itself to any one particular cavity. An exception must be made of a maxillary sinus infected from a tooth. In the quiescent form of ethmoiditis the main symptom is headache. This may be of daily occurrence but more frequently comes on at irregular periods. The diagnosis of the cause of this headache is frequently rendered difficult by concomitant conditions which act as exciting factors in producing it. These may be mental or bodily fatigue, constipation, intestinal auto intoxication, or the headache may come on with no remote exciting cause discoverable but with no local pain in the nasal region to direct attention to it. The headache is generally frontal or behind the eye. Occipital headaches are not infrequent, especially when the posterior ethmoidal cells and the sphenoidal

Digitized by Google

sinus are at fault. In some cases refractive or muscular errors of the eyes complicate the situation. The correction of these errors in the ocular function is necessary but if the ethmoid disease is present the surgeon will have to give it attention before the patient will obtain relief. It is such cases that often seek relief fruitlessly by innumerable changes in their lenses.

When there is some elevation of the temperature combined with intestinal disturbance the picture may simulate typhoid.

Ethmoiditis in its quiescent or in its acute form is not infrequently found in children. A succession of colds in the head without complete resolution produce an ethmoiditis. These cases are usually accompanied by adenoids and on removal of these growths the expected relief in respiration is not experienced owing to the blocking of the middle meatus. The failure to secure free nasal breathing is often then wrongfully attributed to an incomplete operation, or to a return of the adenoids and with this idea repeated scrapings of the naso pharynx are performed all without relief to the nasal obstruction. These children will be found to be trying to carry on nasal respiration entirely through the contracted passages along the inferior turbinate, the middle turbinate perhaps completely blocking the upper half of the nasal chamber. In these small children, ranging from five to twelve years of age, an operation under local anesthesia is impossible and the anterior ends of the middle turbinate must be removed under general anesthesia. The fullness of the bridge of the nose seen in the adenoid face is frequently caused by the pressure on the nasal bones by the stoppage of the middle and superior meatus.

The tympanic cavity is often spoken of and considered as one of the accessory cavities of the nose, and many chronic middle ear catarrhs with their resulting deafness are primarily due to the defective condition of the ethmoid. The orifice of the eustachian tube is bathed and clogged by the secretions of the diseased posterior ethmoidal cells and the air passing into the naso pharynx is insufficiently warmed and moistened.

In considering the bacteriology of the nasal passages I shall refer very extensively to the work done recently by A. Logan Turner of Edinburgh. He and Lewis found from twenty-six specimens of the secretions of healthy noses only three were sterile. Allan from the examination of twenty normal noses found none sterile. The staphylococcus, streptococcus and penumococcus were the bacteria most frequently found. C. E. West concludes that the bacterial flora of the healthy nose differs very little in variety from that found in chronic catarrh.

Digitized by Google

Owing to the difficulty in obtaining uncontaminated swabs from the accessory cavities the cultures had to be made from the cadaver as soon after death as possible. From Törne's work the evidence seems to show that the healthy accessory cavities are in life free from bacteria.

In acute and chronic fronto-ethmoidal sinus suppuration, Turner found in twenty-two cases which were operated upon, pneumococcus 36%, streptococcus 40%, staphylococcus 45%, with a bacillus closely resembling the influenza bacillus in one case. In forty-three cases of maxillary sinus he found pneumococcus 30%, the streptococcus in 76% and the staphylococcus in 79%, the B. influenzae in one, the T. B. in one, and the micrococcus catarrhalis in two. In the healthy nasal cavities the bacteria are few in number, of low vigor and little virulence, while in the acute inflammatory conditions they are numerous, vigorous and often very virulent.

While acute infection of the ethmoid is generally limited to the nose with possible involvent of the ear, it extends to other structures. The following is a case in point. Miss Carrie Westergaard was seen in consultation with the physician who saw the case for the first time the day previous. The patient, a young woman of 20, was delirious, temperature 104, head drawn back and slightly to the left side, neck stiff and very painful on motion of the head, the left eye was bulging from the socket and immovable. The mother stated that the girl had had a headache and discharge from the nose three years ago but that the condition apparently entirely cleared up. For the past week the patient had been suffering with severe pain behind the left eye and purulent discharge from the left nostril. Three days ago she became worse and the condition of exophthalmos and delirium commenced at that time. The nose was cocainized and examined and pus was seen draining from under a swollen middle turbinate. Death ensued sixteen hours later.

The acute infections of this region are generally known as grippe, cold in the head and neuralgia. They are generally ushered in suddenly with extremely severe pain, some rise in temperature, deep pain in the eye on the side affected, with some swelling of the lids and photophobia and lacrymation. The mental disturbance may be sufficient to produce delirium. The pain at first constant, usually soon resolves itself into daily or bi-daily exacerbations which return at very regular hours. The discharge of pus is not proportionate to the symptoms but examination of the nose will show a line of pus forcing its way between the middle turbinate and the nasal wall and contraction

Digitized by Google

of the middle turbinate by cocaine application on a probe, passed between it and the lateral nasal wall, produces instant relief. The pain is sometimes so severe as to take in the whole distribution of the fifth and the whole side of the head is the site of a severe neuralgia. Many of these cases are bedside cases and it is impossible and also unnecessary to diagnose which particular cavity or group of cells is affected, as the same treatment is indicated in all.

The treatment of the acute condition in brief is contraction of the middle turbinate. Cocaine is the only drug that should be used for this purpose. Adrenalin produces such secondary exudation, irritation and swelling that its use is contraindicated. The cocaine is better applied in a 4% solution on a cotton applicator, the applicator being passed between the end of the middle turbanate and the nasal wall. If the patient is so situated that this cannot be done by the surgeon personally a fine spray of 2% cocaine may be given to the patient or nurse with instructions to use very sparingly. It should be impressed on the druggist that these prescriptions should be marked "no repeat" so that there may be no danger of a habit being formed. After the parts are contracted a cleansing alkaline water solution should be used, the best in my opinion being a modified Dobell's solution. This may be followed by an oily spray containing menthol by means of which the contraction of the parts may be maintained for a longer time. Hot moist applications over the whole face seem to reduce the pain and promote drainage. General measures do much to improve the condition of the patient and shorten the attack. Aspirin, the salicylates, phenacetin, quinine and salol may be used as indicated and free catharsis will lessen the local congestion and pain.

I do not find it necessary in these acute cases to attempt any irrigation of the frontal or maxillary sinuses unless there is trouble in the maxillary antrim which can be traced to a carious tooth. The vacuum treatment by negative air pressure gives a great deal of relief in many of these cases, though I do not consider it has as great value as it has in the subacute or chronic cases.

The treatment of the chronic cases consists in removing by surgical measures any obstruction to thorough drainage. These obstructions are generally either an enlarged condition of the middle turbinate, polyps or a nasal deflection. After the obstructions are removed an attempt should be made by washes to cleanse the cavities and it is generally necessary to continue

Digitized by Google

this cleansing over an extended period of time, aiding the drainage when possible by the use of the vacuum.

In conclusion, in obscure cases with headache or obstruction to the respiration I would urge a very careful examination of this upper nasal cavity with the parts thoroughly contracted by cocaine.

400 Brandeis Theatre Building.

Paranoia and Paranoid Dementia.

*By L. B. PILSBURY, M. D., Lincoln, Neb.

These two forms of mental trouble are not properly in opposition to each other, on the contrary the dividing line is at times perplexingly uncertain. To be sure there are certain criteria of true paranoia, a rare disease by the way, which mark it as an entity when these criteria are plainly in evidence. In part they are of a negative nature, that is to say, certain things must be wanting before we are justified in making a diagnosis of paranoia. Most important of these is mental deterioration. Dementia is incompatible with paranoia in the beginning. One might infer from this that the diagnosis would be easy. In practice it is not so because of the infinite gradations possible in the impairment of judgment, will, memory, etc. Insane persons differ one from another just as do normal individuals. Rarely is the individuality of the patient entirely extinguished even in the most profound grades of dementia. Some trick of expression, some stereotyped or automatic movement, some characteristic reaction will remain in practically every case. In paranoia we have the slightest or perhaps one should say the most narrowly circumscribed impairment of judgment that is to be met with in true insanity. Even here one is likely to underestimate rather than overestimate the real degree of impairment. The patient thinks much and perhaps talks much of some predominant impression, some delusion, which is as a rule eagerly cherished. Rarely is the patient indifferent toward this impression and I question whether he is ever so in true paranoia. Such an attitude in a young individual would suggest the presence of one of the forms of dementia praecox. The very vividness of the predominant impression or impressions may make it difficult for us to ascertain the attitude of the patient toward other matters. When he is reticent concerning even his predominant impressions the difficulty is of course

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

increased. In such a case only extended observation and acquaintance will enable us to pass an opinion. The reaction to the impression is of course different in different cases. It is probably fallacious to suppose that any man has a compartment, so to speak, in his mind where he can cherish an insane delusion without having it affect in any way his apprehension of things in general. It will inevitably color not only his intellectual but also his emotional life to a greater or less extent. Any other conclusion is incompatible with the laws of diffusion in psychic processes. The mind is not equipped with barriers high enough or tight enough to keep ideas with a certain potential for that individual from entering into his various trains of association. We are safe in assuming, then, that although the judgment is affected less in paranoia than in any other form of mental disease, it has never the less suffered a slight reduction or perversion with respect to matters about which he is not distinctly delusional, in other words, though perhaps superficially brilliant he is inherently unsound and incurably so.

There are at least two classes of cases presenting delusions more or less systematized in character which cannot be classed under true paranoia. One of these embraces the so-called paranoid forms of dementia praecox and the other covers certain periodic or episodic and usually recurring states which do not partake of the profound incurability of essential paranoia. The episodic states are more casual in nature and more amenable to correction. They are characterized by fairly well systematized delusions and are not dependent on any organic lesions. The following illustrative case from Gierlich's "Periodic Paranoia and Paranoid Delusions," forming part of "Studies in Paranoia," is so interesting that I cannot forbear giving it in considerable detail.

Mr. X., 50 years of age, a high government official, had been married for nineteen years and had two children. He was of a nervous family, both father and mother having been markedly neurasthenic. Two cases of mental disturbance in father's family. Patient was unusually ambitious from childhood. His habits were good and his official career took the customary course. On one occasion only he was not advanced, much to his regret. He had periods of lassitude lasting for days, especially after prolonged work; was excitable, constipated, but did not present any serious disturbance of his general condition. Following the return from a month's fatiguing trip, associated with irregular hours and poor quarters, the patient complained of insomnia, fatigue, heaviness in the head, anorexia, sluggish

Digitized by Google

digestion, nervousness, irritability, and constant restlessness. He attended to his business only by the exercise of all his will power. He rather suddenly developed a distrust toward his surroundings and soon afterwards expressed some delusions to his wife. He thought he was no longer persona grata and that he was to be supplanted in his position, whereas the exact contrary was true. Moreover, he thought he had compromised the wife of a colleague, the one who had been advanced in preference to him, by gazing at her for a long time, though unintentionally, at some social gathering; this had attracted attention and the woman was compromised by him and he had thus rendered himself impossible. The husband of this lady, gradually becoming surrounded by a whole plot, was anxious to drive him away from his post and out of the town in order to destroy him. The patient called upon the lady to beg her pardon. Of course she had no idea what he wanted. He then handed in his resignation on two occasions, but this was graciously refused by the president. Finally he explained to his wife that he could not continue to live with her, because she also had been compromised by him. It was his duty to give her satisfaction by instituting divorce proceedings.

The patient had no insight into his delusion. There were no hallucinations nor illusions. In about two weeks he had begun to discuss his delusions, his irascibility diminished and then he quickly gained perfect insight into his condition. There was no amnesia, every detail being distinctly remembered. He had lost about fifteen pounds in weight but this was quickly regained. He resumed activity at the end of a few weeks and everything remained well for nearly a year.

After his return from a customary fatiguing business trip, the general nervous disturbances reappeared and he soon developed delusions similar to those of the previous year. The attacks promptly rose to the former level. The plot was again in full sway under the guidance of the lady's husband. The patient was to be ousted from his position and ruined. Again he handed in his resignation to get rid of his persecutors, but again it was refused. He claimed he could not continue to live with his wife, he had compromised her too seriously and started divorce proceedings. Again there was a marked loss of weight. Prompt removal from his surroundings had such a favorable influence upon the attack that within three or four days the condition cleared up rather suddenly after the persecutory ideas had persisted for four weeks. The patient gained complete insight into his delusional system, without the slightest amnesia,

Digitized by Google

and without being able to understand at all how these ideas had come about.

In the following autumn about a year later he took a long vacation and had no trouble. The following year after a very fatiguing business trip the delusions returned, being preceded by general nervous disturbances. He remained self-absorbed for some time and then suddenly aired his delusions. The plot with the husband of the compromised lady at its head was again in full sway in order to ruin him and rob him of his position and his honor. His resignation was handed in, the divorce prepared for, etc., etc. Prompt removal from home and appropriate management caused the delusions to subside about three weeks later and after a few days more he showed complete insight into his condition. There was no amnesia, and no falsification of perception to account for his delusions. In the free intervals he always met the wife of his colleague without any embarrassment and stated that he felt quite unconcerned towards her. Two years later he died of carcinoma. There were no somatic nerve derangements. Pupils, reflexes, sensation and motion were not disturbed, nor were there any psychic disturbances. There was no noticeable diminution of intelligence.

Paranoia has often been considered a purely intellectual disturbance. On the other hand of late years one or two authorities have gone so far as to call it almost exclusively an emotional disorder. Gierlich takes the middle ground, which seems altogether the most reasonable attitude. Much, of course, depends on the origin and mechanism of delusion formation. This is a pretty difficult subject for casual discussion, but there would seem to be much truth in the view that when an affect or emotion reaches a certain intensity on a pathological basis it bursts through intellectual restraints and dominates the consciousness of the individual. Naturally the extent of this dominance varies from time to time and when it reaches the vanishing point and has no further influence over the individual a symptomatic recovery may be said to have taken place. However, this tells us nothing as to why delusions form on either an intellectual or an emotional basis. Much has been said lately concerning conflicts and complexes. Conflicts may be said to occur in the lives of all individuals, but they do not always occur on a pathological basis and in most cases do not affect the reason, however much they may influence the character. Friedmann, in "Studies in Paranoia," expresses the opinion that in endogenous forms, such as paranoia, the delusion formation rests upon a fundamental anomaly of character and of the

Digitized by Google

make-up of the patient, while in the maniac depressive psychoses, for example, delusions are formed rather without essential continuity with the kind of mind in the days of health. This statement is not made very dogmatically and he justly observes that we have too few data concerning the character of our patients and character in general to tell exactly how much the emotions are responsible for the defect in judgment or in other words how much rests upon a constitutional and ineradicable basis. Elsewhere, Friedmann remarks, "In no other conditons is it so difficult to establish definite clinical types, or in given cases to make a correct differential diagnosis, as in paranoiac states." Here, of course, he includes a whole class of cases showing more or less systematized delusions.

Kraepelin regards as true paranoia, cases in which there is a gradual development and systematization of delusions, generally without hallucinations, running a chronic course without much mental deterioration. A large class of paranoid cases he has assigned to dementia praecox and in these mental deterioration does occur. The delusions, though systematized to a greater or less extent, are not so closely knit and the defect in judgment is greater than in essential paranoia. The cases usually progress and are often characterized by fantastic and extravagant ideas, whether of grandeur, of persecution, or of personal unworthiness and sometimes by marked decorative tendencies. This psychosis generally occurs in early maturity and the prognosis is not good. However, sometimes such great improvement occurs that it might be difficult to say whether a given case was not to be one of periodic paranoia. Of course it must be remembered that even though the patient ceases to talk about his delusions he may still retain them. In the following case the delusions were pretty well systematized with considerable defect in judgment:

Miss X. was admitted to the Nebraska Hospital for the Insane September 18, 1911. She was 32 years of age, single, well educated and had been a school teacher. Her mother was said to be a neurasthenic and in very poor health. Her father died at 46 of apoplexy. No mention was made in the psysician's return of insanity in family. Patient was said to have been always peculiar in her actions and of a melancholy disposition. She had been considered mentally unbalanced for six months and about a year before she had become infatuated with a man. At the time of her last contract with the school board she had been requested to resign. The physician stated that the patient had issued marriage invitations stating that she would be mar-

Digitized by Google

ried on a certain date without any apparent reason for thinking that the wedding would take place, the intended bridegroom knowing nothing of the fact. It was also certified that she had drawn sight drafts on parties she said had slandered her and that she constantly talked of matrimony and persecution, imagining that people were trying to prevent her marriage and were defaming her character. She was certified as being neither suicidal, homicidal nor violent.

Physical examination at the hospital showed nothing noteworthy. The patient was rather frail looking with considerable pallor which blood examination proved was not due to anemia. The urine was normal. Neurological examination did not reveal any defects. The following notes concerning the mental status were made at the time the patient appeared before the staff clinic: Attitude, manner, facial expression, and movements normal. No irritation or depression, no distractability, no profanity or destructiveness. No voluntary complaints except concerning one ear. Demeanor polite and deferential and co-operation complete. Grasp of situation perfectly good, except as affected by her delusions. Mood neither unduly exalted nor depressed. Ideas of persecution present, though not very pronounced. Delusions seem to have reference to the attitude and actions of certain individuals towards herself. No hallucinations noted, though there are noises in one ear which probably have an organic basis. No illusions, no disturbance or orientation, no apparent amnesia, the grasp of events normal except as affected by delusions. Education and general experience about that of the average school teacher in a small town.

The patient's answers to questions revealed that she had received attentions from a certain teacher or superintendent and that she thought they were to be married. She related that different things had been laid at her door, at one time a package of baby shoes and at another time a burnt stick, which signifies, "If you do not side with us you lose." She also received postcards with a picture of a dudish young man. She thought that the burnt stick could not have been left on the porch accidentally. She said she had found the boy who left the baby shoes because she questioned several and all denied the accusation except one, who said nothing. When questioned concerning her marriage she said that her intended had named the time in a letter, but that they had written very little, and that she had returned unopened the letter in which she assumed that he agreed to the wedding. At about the same time she issued invitation for the event, sending them from another town at a

Digitized by Google

little distance from home. Furthermore she drew two checks for fifty dollars on a certain man, making them payable to a Chicago firm. This was for liability incurred by the man, who was assumed to have made disparaging remarks. She said she had been told since that her action was irregular, but that at the time she did not know it was wrong and she had no thought that the checks might not be honored and paid. When she found the burnt stick she asked for a meeting of the school board and teachers but no one appeared except the president. The next day a meeting was held, but when she had the burnt stick brought in it was taken away and whenever she tried to talk about it they stopped her. The patient's stay in the hospital was uneventful. After a month she was paroled and later discharged, improved. I have not seen her since, but it is unlikely that she will recover.

Another case with greater defect in judgment is the following: F. L. M., age 42, married, a letter carrier by occupation and a Christian Scientist, was admitted to the hospital October 19, 1911. The physician's return stated that the patient's father died at 63 of pneumonia and his mother at 84 of paralysis. Patient stubborn and quick tempered. About a year before he had been at a sanitarium for nervous and mental diseases for a time. Before commitment at the state hospital he was said to be restless and sleepless, some nights sitting up all night. He imagined that he was very wealthy and a great inventor, also that he could turn water into wine and raise the dead. Last August he gave up his work, and after a time the symptoms above noted appeared. He intended to organize a Christian Science colony and go naked and urge all the neighbors to do so. He was much worse every second day and rather stupid in the intervening days.

Soon after admission to the hospital he struck one of the attendants and knocked him down. For a time his hands were restrained and one day he kicked one of the attendants. After this he was so amiable and obliging that the restraint was removed and he began to help with the work of the ward. Physical examination revealed no abnormality except impairment of hearing, presumably a catarrhal deafness. The patient had many expansive ideas, for example he said that he gave millions to the poor, that he had a small tract of land on which he expected to raise $50,000 worth of fruit each year, that he could grow raspberries as big as his fist and apples as big as a bushel basket, also that his strength was unsurpassed. As a matter of fact he is an exceedingly well built man. At the staff meeting

Digitized by Google

the patient was deferential, good natured and talkative, being inclined to enlarge much on his delusions. He claimed also relationship to Mrs. Eddy, but was not very coherent in his statement and his delusions were altogether much more loosely systematized than those of the previous patient. Among other things he talked at some length about a plan for perpetual motion which he had mapped out. He now says that he can raise $150,000 worth of fruit on his tract of ground measuring an acre and two-fifths, that he can grow many different kinds on the same tree, etc. One day he said he had a dozen real estate offices in Lincoln and he recently asked permission to go to town and buy a lot of machinery. He did not appear in the least ruffled when his request was not granted. This man is intelligent apart from his delusions, but will probably progress slowly to a degree of dementia, where he may remain stationary.

Other cases of systematized delusion formation might be given, but think these two may fairly be said to represent two degrees of paranoid dementia.

DISCUSSION.

Dr. Johnson, Norfolk:

Gentlemen, I am afraid this is a trick on the part of my friend, Dr. Aikin. I would say, however, that I have nothing to add as to the paper. It is a very well written paper, describes the conditions very clearly, and I might add, that as the doctor has said there is very little to be expected in the way of treatment—curative. One thing I might say in regard to the statements, it is a class of people which gives us more trouble in connection with the hospital for the insane than any other class. It is true, we have those who are very much more destructive in regard to clothing, bedding, etc., but they can still be handled by a little restraint when necessary, but this class of patients that the doctor has described are always after us every time they see us. They want to go home; they can't imagine why they are locked up in the asylums; they are always writing letters to the governor, to the different ministers they happen to know, anybody that is in influence, asking them to come and release them from imprisonment. I might add that the laws of our state governing letter writing for the insane are such that they are entitled to write as often as they please, to whom they please and whenever they please, and that we are expected to place a posting box in close vicinity to each ward so that any patient can himself deposit the letter in the mail box. Under these circumstances, with absolutely no restrictions at all to the letter writing, you can imagine what these people will write and also what influence this letter writing has upon the people in general, especially in view of the fact that they are ordinarily, as the doctor has said, people of rather above the average in intelligence, and have reasonably good educations, and for that reason they compose a good letter,, write a very good hand and any one receiving a letter of that kind would be course assume immediately that a person who had intelligence enough to write a letter like that had no business being in an insane hospital. Consequently these patients, as I say, give us more trouble than all the other patients combined.

Digitized by Google

Dr. Marnell, Nebraska City:

Just at present I am in the Mt. Pleasant State hospital in Iowa, and we have had a great deal of success—I guess I will say in differentiating between paranoia and paranoid forms of dementia in using the solution tests. We find that the paranoid patients respond in an entirely different way to the solution tests than do the paranoia. Another thing is true as to the peranoia, that they are excelent letter writers, that their letters get outside and their friends institute parole proceedings and those patients go home. The go home and stay a little while and, unfortunately, have recurrent attacks and occasionally do considerable damage before they can be brought back to the hospital.

Dr. W. O. Henry, Omaha:

I was much interested in the doctor's paper, and the description of the case of the school teacher made me speak on this question. I noticed that in the examination he referred to the condition of the general system, the pulse, etc., but he did not say anything about the condition of the pelvic organs, whether or not this examination was made, and I am just wondering if it is a custom or whether it is not, to see that these women do receive pelvic examinations to detect any possible disordered conditions there. Now, I would not be so foolish, of course, as to say that all women inmates of asylums have some pelvic trouble, but I do say this and I wish to emphasize it, that a good many of them would be more quickly released from the asylum if their pelvic conditions were eliminated, and I think that in a good many sections, especially in the east, they are taking that up now. I remember speaking to Mr.———————— about it before he left our state and he was beginning to institute that sort of work in his practice here and in Illinois, and I think that is one of the things that our association ought to do. I believe that our patients in our asylums have just as good right to have examinations of all parts of the system, and in the relieving of all such conditions as the well people, and I was just wondering from his report in this particular case whether it was the custom or not to try to make such examination.

Dr. Pilsbury, in conclusion:

In reply to Dr. Henry's question I would say that it is the custom to make a physical examination in absolutely every case and that the pelvic region is not neglected. I think I said there was nothing abnormal in the pelvis in this case and the examination is made in every instance. This case probably belongs to a class which is little likely to depend upon a physical abnormality, pelvic or otherwise. It is a class that, except for the periodic or episodic cases, is usually regarded as permanent, progressive and incurable and not likely to be very much influenced by physical abnormality.

Variola.

*By A. J. COATS, M. D., Fairbury, Neb.

Our reason for presenting this paper on a disease not more frequently seen by the general practitioner, is the fact that it will always be met in sporadic form, and occasionally in epidemics here in our northern states, while in the south, in the larger cities, it may be seen at any time.

We will refrain from attempting a text-book-like writeup

---

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

on Variola, for we can always turn to our shelves and get this at leisure.

We wish simply to report a few type cases of the disease which came to our notice during a four years' experience in the tropics, where it is always present and omnipresent.

It is said in Mexico that no man ever has smallpox, and it is practically true, for the natives almost universally contract the disease during childhood, and thus are immune in after life.

One has only to spend a few moments on the streets of Mexico City to see many cases of variola at one stage or another. It is so common that the authorities pay little or no attention to it, and unless a case is unusually severe it is not reported to the board of health, and as a rule no quarantine is established.

The first case I wish to report illustrates this point.

Case 1. Male patient, Englishman, 38 years of age, slight of stature and rather poorly nourished; walked into my office, stating that he had been very sick the day before, but was feeling normal at this time, complaining only of a rash, for which he wanted a little salve.

Case History. The patient had been boarding at a Mexican restaurant and sleeping in a rooming house. He had been well up to the present illness.

The prodromal stage consisted of three of four days of severe chilling and headache, with considerable aching in limbs and back. There was some nausea and vomiting early. The symptom most complained of was the headache, which was excruciating.

On the day before I saw the patient the eruption began to appear, and at the time of his first visit to me he was in the vesicular stage, with some papules on the extremities, and a few pustules beginning to appear on the face and head. He was in the quiescent period of the disease which immediately precedes pustulation. The patient's temperature was normal, pulse was full and slow, there was no headache present ,and the patient was very comfortable. A diagnosis of smallpox was made and the patient was sent to the American hospital. There a diagnosis of smallpox was made by two American physicians. The smallpox ward was overcrowded, so the patient was sent to the Mexican hospital. The Mexican doctors made a diagnosis of smallpox, and he was taken in. On the third day he was discharged, or better, expelled, with the excuse that he was well, and had not had smallpox at all, but simply had a fever and might go home. He came to me still in the pustular stage of the disease, with some scabbing on the older pustules.

Digitized by Google

At this time the temperature was 101 degrees, pulse full, about 100 to the minute. The depression was severe and patient was in a very weak condition. He was sent to his hotel, where he stayed, making a rapid and uneventful recovery in the course of seven or eight days. This case illustrates the mild type of the disease and also shows the Mexican's attitude towards both the disease and foreigners.

Case 2. Male, American, white, 26 years of age, occupation, insurance business. First seen at his room about midnight. The findings were as follows: Temperature, 104; respiration, 30 to the minute; pulse, 86 and full. He had been chilling and vomiting earlier in the day, and had felt badly for two days previous to that time. The headache and backache were severe, tongue heavily coated, skin showed a few red spots, and papules were present on the forehead. No vesicles or pustules were present. He was vaccinated at this time.

The next morning he was transferred to the American hospistal. The findings at this time were the same as of the night before, except that the macules and papules had extended to the body and limbs, while those of the face were changing to vesicles. This same evening vesiculation became more extensive and the patient was temporarily much more comfortable than he had been for several days. The following morning pustulation was beginning to show and he was feeling worse again. The symptoms and condition of this patient in a general way were as follows: Temperature ranged from 104 to 105.3 for the first eight days, then gradually subsided to normal on the twenty-fourth day. There was but slight morning remission at any time. However, with the warm bichloride sponge bath the temperature was reduced from ½ to 2 degrees, but did not remain down for any considerable length of time. The pulse was full and slow until the beginning of the third week, when it became more rapid and softer. It was not dicrotic at any time. Respirations ranged form 32 to 40 per minute. The tongue was heavily coated throughout the attack. The headache was controlled only by large doses of morphine, the administration of which is wholly justifiable in these cases. Nervous symptoms were prominent. Urinary findings were of no special importance, showing only the febrile condition. The skin was covered with pustules everywhere, in fact one's finger could hardly be placed upon the surface of the body without touching one or more pustules. There were lesions also in the mouth and on the conjunctivae of the lids. The palms of the hands and soles of the feet were not spared. In this case vesiculation

Digitized by Google

was quite generally umbilicated. Decrusation began about the eleventh day. During the suppurative stage a peculiarly offensive odor was emitted from the patient, even with the greatest care to the skin.

Treatment of this case. The first thing done was to vaccinate the patient, as I found that the latter part of the disease is considerably modified when early vaccination is made. This early vaccination is carried out by nearly all the doctors in Mexico. It seems reasonable that it should modify the course of the disease, since the vaccination symptoms appears in from 4 to 6 days, and no doubt the anti-bodies are formed at this time, while the findings in smallpox itself generally shows the disease to be most virulent in the second week, only tapering off in the third week or later. Thus by early vaccination a partial immunity is established by the end of the first week, and the latter part of the disease is modified, often greatly. I have had a chance to demonstrate this fact several times. One case in particular, with findings similar to case 2, but more severe in some ways, and which promised by its terrific onset to be bad, was vaccinated early in the disease. He did poorly for the first eight days, when in a remarkable way all the severe symptoms began to abate, and the patient made a speedy and complete recovery in the next few days.

Case 3 illustrates the more severe type less commonly seen. Patient, male; white, about 35 years of age, locomotive engineer, a large strong man. Admitted to the hospital in the early pustular stage. The findings were as follows: Temperature never dropped below 105; respiration 35 to 50 to the minute; pulse, full and bounding; rate, 102 to 110 to the minute; delirium most of the time; headache and nervous symptoms marked. Cutaneous findings showed the confluent type of smallpox, with some large purpuric spots on the back. The limbs and face became greatly swollen, and eyelids were so edematous that the patient could not see. The delirium continued and prostration became great. His mental condition alternated between delirium and stupor. The temperature ran up, and patient died on the fourth day after entrance. The treatment was practically the same as given in case 2, with the addition of physical restraint most of the time.

In general, as to prophylaxis, it is unnecessary before this audience to emphasize the importance of vaccination, and the necessity of thorough disinfection after cases of this disease.

A summary of the clinical findings is as follows:

Digitized by Google

The incubation period is from 7 to 14 days, irrespective of the type.

Invasion—This is sudden and with considerable violence. A pronounced chill or rigor is more often present than light chills or chilliness. A rapid rise in temperature soon occurs, with fever 103 or 104 and even higher. Pulse is full, tense and accelerated, but often not in proportion to the pyrexia. Nausea and vomiting occur with great frequency. Headache and lumbar pains are common and of the severest type.

Prodromal rashes are frequently met with. Osler states that they occurred in 13 per cent of his cases. As a rule the prodromal rashes disappear in from 24 to 36 hours. The measley rash is most common, then come the scarlatinaform and hemorrhagic rashes which are less frequently seen. We have seen a few prodromal rashes of the hemorrhagic or petechial type which closely resembled the early rash of typhus fever. In the tropics this type of rash is especially confusing, since prodromata of typhus fever are severe and overwhelming just as in smallpox.

Eruption—This, in typical cases, appears in three or four days, and shows first on the face, hairy border of the scalp, and on neck, gradually spreading downward over trunk and limbs. The lesion begins as small pinkish red spots or macules, later becoming darker, and in 24 hours generally become indurated and forming papules which are readily detected by passing the finger over the surface, imparting the shot-like feeling. About the fifth day of the disease the papules begin to vesiculate and are of the size and shape of a split pea, extremely hard and of pearly hue. Soon from 35 to 60 per cent of these vesicles become umbilicated. Although in mild cases umbilication may be almost absent, thus simulating the rash of chickenpox. These invaginations no doubt represent the hair follicles and sweat ducts.

The vesicle content soon loses its clear pearly-white appearance and becomes turbid, forming the pustule. At this time, about the sixth day, which is the beginning of the suppurative stage, the typical lesion has lost its central depression. It is now well rounded, is yellowish-white in color, and has a dark red areola.

By the eighth or ninth day the pustules begin to desiccate. They flatten, and are crusted over with scabs which begin to drop off about the twelfth day. The lesions change from one stage to another in a wave-like manner from head to foot. The first scabs appear on the face, while the lesions on the feet are

Digitized by Google

still at the height of pustulation. However, no successive crops occur. A musty pus-like odor is emitted at this time. Decrustation is generally completed by the twenty-first to twenty-fourth day, the brownish black scabs falling off, leaving a red depression, which in six weeks to three months assumes a normal skin color; or it may leave a permanent white scar, depending upon the depth of the early lesion.

The lesion of variola primarily is located in the rete Malphigii, and if confined to this layer leaves no scar. Welsh holds that only the outer portion of the epidermis is attacked, and Dieulafoy states that repair is possible when the Malphigian layer is intact, but if this layer has been completely destroyed the scar is indelible. Thus it is only when necrosis is especially deep, the patient persistently scratches, or the attendant currettes the pustules, that pitting is produced.

The lesions of smallpox may be found anywhere upon the surface of the body, palms of the hands, soles of the feet, and conjunctivae of the lids, and mucus surfaces which are near the external openings.

Three types of the disease are generally classified according to lesion, discrete, confluent and hemorrhagic.

The discrete type may be mild or severe, according to the prevailing epidemic, or the degree of immunity. The lesions may be numerous and even coalesce upon the face, neck and arms. Or there may be only a few typical lesions, with little or no systemic findings after the invasion period. The mild cases occur in persons previously vaccinated or in those having had the disease before. This milder type is the true varioloid.

Confluent Type—Here the lesions are closely set, the onset sudden and stormy, temperature high, nausea and vomiting severe, headaches terrific and depression marked. One stage quickly follows another. The remission on the third day is only slight and of short duration. Edema about the head and face is marked, and the features soon become distorted. When suppuration is established the lesions coalesce and form large flat blebs. In favorable cases the edema gradually disappears and desiccation occurs. Decrustation is slow, leaving large scarred areas and deep pitting. In this type of the disease the outcome is usually bad, the patient often succumbing in the so-called typhoid state.

In the third type, hemorrhagic or black smallpox, it is necessary to distinguish two forms; the early, which precedes the eruption, and the late which follows. The first form is the gravest and most malignant type of variola, and is nearly always

Digitized by Google

fatal. It begins like an ordinary case, with augmented symptoms plus the hemorrhagic rash which never shows an accompanying suppuration.

In the milder forms of hemorrhagic variola the vesicles and pustules are present before the hemorrhage appears. The hemorrhage is in the lesions with ecchymosis in the surrounding areas.

Special symptoms in detail are as follows:

Temperature from the onset is high, ranging from 103 to 105 and more, and is continuous during the invasion, remitting about the end of the third day and remaining close to normal until suppuration begins, when a rise in temperature again occurs. The fever is continuous with only a slight morning remission, gradually subsiding when suppuration ceases.

The findings of the pulse, respiration, urine and alimentary tract are practically the same as are found in other fabrile diseases.

Diagnosis—With a clear history of exposure, and the typical findings in a case, the diagnosis is simple. However, in all cases, especially in sporadic ones, it is impossible to make a positive diagnosis before the papular stage. We have seen a case of variola called typhoid fever, and a case of parotitis called smallpox. It may be confused with measles, scarlatina, typhus fever and cerebro-spinal meningitis.

The sudden onset, with terrific headache and backache, high and steady temperature, persistent vomiting, an atypical rash, speak for variola. Then with the remission of the temperature on the third days, with the patient feeling very comfortable, and a few papules appearing on the forehead or neck, one may suspect variola.

Differential diagnosis:

Measles, by age, catarrhal findings, koplick spots, eruption generalized and more or less raised above normal surface.

Scarlet fever is differentiated by the rash on the second day, angina, strawberry tongue, sore throat and no remission of fever.

Chickenpox can be confused only with varioloid, or extremely mild cases of variola. The rash appears in successive crops, showing fresh lesions scattered among the older ones. The transition of the lesion is rapid, changing within a few hours from a papule to a soft bleb, with thin epidermal roof which is readily broken down. The exudate is clear and watery or only slightly cloudy. A flat brown scar soon forms. Umbilication seldom occurs. The lesions in varicella are more nu-

Digitized by Google

merous on the trunk with only a few on the face and limbs. They occur upon the palmer and plantar surfaces, but not as regularly as in smallpox. The lesions seek the covered surfaces, while in variola they are more profuse upon the exposed portions. As a rule the eruption is not preceded by prodromata, the patient seldom being ill enough to cease its play.

The typhus eruption closely simulates that of variola, and as the petechia in neither disease disappear under pressure, a positive early diagnosis is impossible. Both show a stormy onset, and differentiation is possible only when temperature remits, and the first show of papules appears.

Impetigo contagiosa is differentiated by history, character of the lesion, and no prodromata.

Luetic lesions may simulate the pustules of smallpox and are differentiated by the history of an initial lesion, the mucus patches, alopecia, etc.

Drug eruptions are distinguished by history and absence of invasive stage.

Prognosis is influenced by the vaccinal condition of the patient, age, extent of the lesions, and severity of the epidemic. Most important is the vaccinal condition. If vaccination has been effective within the past six or seven years, only varioloid results. A marked remission of the fever following the invasion is favorable. Also a moderate fever with early desiccation are good prognostic signs. The outlook is grave in the presence of hyperpyrexia, or when confluent or hemorrhagic types of the disease are met.

Treatment—Prophylaxis is most important, and should be carried out the same as in other contagious diseases. During the invasion it is well to control the headache and backache with sedatives sufficient to give the patient some rest.

Vaccination even in the early part of the disease should be made, since it exercises a beneficial effect upon the latter part of the course. The treatment throughout should be largely symptomatic. Stimulants should be given sparingly in the early stages, but may be pushed when the patient shows the depression of toxemia.

An important part of the treatment is the attention to the skin. The warm bichloride bath, 1 to 10,000 three times a day, is very effective. The larger pustules may be treated daily with Ichthvol ointment or a weak carbolic salve. Treatment of the pustules daily with Tr. Iodine until a thick, dry scab forms, is recommended by some.

Digitized by Google

We believe that curetting and cauterizing the lesions only increases the amount of pitting.

The Finsen red light treatment, we believe, has more value than Schamberg and others give it credit. This treatment may readily be carried out by having the windows of red glass, or using red curtains in the sick room.

When involution or decrustation begins a daily olive oil bath aids much in keeping the scabs soft and pliable.

As to diet, this should be liberal and nourishing.

The complications and sequelae are many. They are mostly the results of a severe early toxemia, or of a later secondary infection, and will not be considered at this time.

DISCUSSION.

Dr. Slattery, Lincoln:

I would like to ask Dr. Coats, it is quite an interesting subject to me. I have been city physician in Lincoln for the last four or five years and have observed these cases very closely and I would like to compliment the doctor on this very interesting papaper. I would like to know what per cent of cases respond to vaccination after the diagnosis of smallpox has been made? It often happens in a large family that only one or two of the vaccinations take and occasionally only those two have the smallpox. Of course I am a believer in vaccination in any stage of the case if it is effective and I just want to know what per cent of the cases respond to vaccination?

Dr. Coats:

I would judge that 75 per cent or 80 per cent were influenced favorably by early vaccination even after the diagnosis had been made, and I could illustrate that with a number of cases. I have one in mind, a nurse, who had not been vaccinated since childhood, took one of these cases for me and I vaccinated her the day she took the case and she had an exceedingly bad arm and showed rather severe systemic reaction to the vaccination, but she did not develop smallpox and I laid it entirely to the fact that vaccination when she started in on that case.

Dr. H. L. Wells, West Point:

What per cent of the cases take?

Dr. Coats:

They don't all take. I would imagine that 90 per cent at least. Of course we don't have the chance to observe thousands of cases, but among us all they do run up into the thousands and I would imagine that 90 per cent took after the early stages had been developed.

Dr. Slattery:

I would like to ask the doctor what his advice would be on keeping the room absolutely dark in conjunction with other practical treatment?

Dr. Coats:

Why, I would think it would be beneficial and yet the red light has especial benefit, so it is claimed. I think the darkened room would be preferable and I believe that more often it would prevent pitting, because in the Malphigii the pitting would be likely to occur.

Digitized by Google

ABSTRACTS.

Preservation of Rubber Goods.

Michailovsky discovered that rubber articles may be preserved for long periods by covering them with powdered naphthalin. He sprinkled naphthalin on rubber tubing and placed it in a glass jar. Three years later he found the tubing in perfect condition.

The Use of Camphorated Oil in Suture of Operation Wounds.

Dr. Lampe (Wiener klin. Wochensch., No. 17, 1912), in an article read before the Congress of the German Surgical Society, April 12, recommended the application of camphorated oil before incision and during suture. His procedure is as follows: The skin over the operative field is cleansed with a pledget of cotton soaked in ether and then 2 per cent. sterile camphorated oil is rubbed in thoroughly. After the incision has been made to the desired depth the oil is poured in, any excess being wiped off. The same thing is done at the end of the operation before insertion of the sutures. Under this method of treatment it is claimed that healing takes place with scarcely any disturbance. While camphorated oil has but slight antibacterial properties, it is said to act like Peru balsam by enveloping the bacteria and also induces hyperemia, thereby stimulating resistance to bacterial activity.

New Drug for Carcinoma.

Letulle (Bulletin de L'Académie de Medécine) presents a report concerning a compound of arsenic and phosphorus with albumin prepared by Gnezda and designated as arphoalin. It is a brown, tasteless, insoluble powder, and contains 6.3 milligrammes of arsenic an dabout 6 milligrammes of phosphorus to every gramme of albumin. Applied locally to ulcerated or suppurating tumors it promptly arrests hemorrhage and pus formation and removes odor. Microscopically, Gnezda found that epitheliomatous cells under its influence underwent rapid fatty degeneration, while the stroma soon showed partial necrosis, with gradual healing of the lesion thereafter. Internally, the dose used was 0.25 gramme, an hour after one, two, or even three meals, according to the patient's general condition. Under this treatment rapid necrotic soften-

Digitized by Google

ing of a carcinoma of the neck in a man was noted, as well as healing of a recurrent carcinoma of the left cheek in a woman of eighty-seven years. In the latter case the drug was also applied directly to the ulcer for a month. No further recurrence had been observed two years later.

Fat Absorption.

Bloor (Journal of Biological Chemistry) thinks it is to be generally accepted that, normally, most if not all of the food fat is saponified in the intestine before absorption, and is absorbed as soaps. The question, however, whether all fat must be split before absorption is still in doubt. For the purpose of elucidating the subject, Bloor performed experiments on dogs, using isomannid esters—especially suitable because they possess properties which allow of their being traced through the process of absorption. The results showed conclusively that none of the insomannid esters passed unchanged into the chyle, although digested and absorbed in considerable amount. This, taken in conjunction with the previous findings of Frank, tends to prove that readily saponifiable fatty acid esters do not escape saponification under favorable conditions in the normal intestines.

The Oatmeal Cure in Diabetes.

Dr. S. Strouse has a very interesting review of the recent literature on the above subject, which is an important one (Interstate Medical Journal). He sums up the general views on oatmeal in diabetes as follows: "Practically all investigators who have tested the cure in a thorough manner, agree that it is most beneficial, especially in severe cases where other means have failed to reduce either sugar output or signs of acidosis. Whether this action depends on any inherent quality of the oat starch is still a disputed point. The modus operandi must be considered as yet unexplained; numerous theories have been advanced, but none is supported by actual knowledge. Klotz's researches, if corroborated by other workers, may offer a scientific explanation of the phenomenon."

Milk and Epidemic Sore Throat.

According to David J. Davis, Chicago (Journal A. M. A., June 15), the epidemic of sore throat in Chicago in the winter of 1911-1912 was caused by an organism belonging to the strep-

Digitized by Google

tococcus group. In the exduates and in the body it was usually encapsulated, but not infrequently in the throat a capsule was not present. It was highly pathogenic for animals, readily producing arthritis in rabbits and occasionally endocarditis. The work of Capps and Miller shows clearly that the infection was largely milk-borne and that an epidemic of mastitis in cows and sore throat in farmers prevailed during the winter in the vicinity of Batavia, Ill., the territory which supplied the contaminated milk. From a typical case of mastitis in a cow from a farm in this region, a streptococcus was obtained pure which was pathogenic to animals, became encapsulated on animal passage and agreed in all essential respects to the human epidemic streptococcus. A cocus identical in morphology, in culture and in pathogenicity was obtained from a human case of tonsilitis and arthritis on the same farm. The relation of these streptococci to the common hemolytic variety, Streptococcus pyogenes, is certainly very close. They may be identical, the differences noted being caused by environmental factors. The fact should be emphasized that streptococci, which cause mastitis in cows, may be pathogenic for animals and virulent to man.

Tetanus.

Three cases of tetanus, two of them severe, treated by subcutaneous injections of magnesium sulphate solution with recovery, are reported by G. Parker, Peoria, Ill. (Journal A. M. A., June 8). The treatment was suggested by Meltzer and Auer's findings that paralysis could be induced by magnesium salts. There have been reported in the literature twenty-four cases in which magnesium sulphate has been employed by subarachnoid injection, and four in which it has been used subcutaneously. In the subarachnoid cases thirteen patients recovered and eleven died; in the subcutaneous cases all four recovered. Except for a slight bronchorrhea in one patient, an infant, no toxic effects were observed in any of the three cases. There are some dangers, however, from magnesium, chief among which is depression of the cardiac and respiratory centers, and Parker suggests that physostigmin may be used to antagonize such symptoms if they occur. The dosage of magnesium solution recommended for intraspinal injection is 1 c.c. of a 25 per cent solution for every 20 pounds of body weight, but considerably larger doses were employed in these cases reported without ill result.

Digitized by Google

Treatment of Typhoid Fever by Rectal Injection of Killed Cultures of Eberth's Bacillus.

After proving that the introduction into the large intestine of killed cultures of Eberth's bacillus at 56 C. renders man and animals immune to typhoid it occurred to Dr. Jules Courmont, professor of hygiene in the Faculte de Medecine de Lyon, and to Dr. Rochaix to treat typhoid in the same manner. In a meeting on May 17, they reported the results obtained by this treatment. Of 171 typhoid patients treated in the usual way, twenty died, a mortality of 11.6 per cent. Of thirty-nine patients who received daily until defervescence two injections of 100 c.c. of culture only two died—a mortality of 5 per cent. Moreover, many cases were materially shortened, defervescence occurring prematurely and unexpectedly. Eight patients relapsed, but all were cured.

Action of Strychnine as Modified by Epinephrine.

Mostrom and McGuigan performed experiments bearing on this question in frogs, guinea pigs, and rabbits. They conclude that epinephrine is antagonistic to the paralytic action of strong strychnine solutions on the heart, but that the two drugs have a synergistic action on the spinal cord. Spasms develop more quickly when epinephrine is given with or before strychnine. Strychnine is antagonistic to the general depression produced by epinephrine, but the latter will not antagonize a strychnine spasm. From these findings there is no indication that epinephrine can be applied with benefit in the treatment of strychnine convulsions.—New York Medical Journal.

Boric Acid and Butter.

An experiment has been made by the Food Export Department of Victoria (Australia), which must help to confirm the use of boric acid as preservative in butter. Victorian butter factories were asked to submit four boxes from one churning, to two of which boric acid in the amount permitted by the Australian Commonwealth (0.5 per cent) had been added, while the other two were free from preservatives. One of each was shipped to England while the duplicates were retained in the local cool stores. Cable messages have been received from London that the trade is strongly in favor of the retention of the preservative, and that the butter containing the boric acid has a marked preference of $2 per hundredweight, mainly on the score of flavor.

Digitized by Google

Mineral Springs and The New Element, Niton.

In an article on the new element, niton, the so-called "radium emanation" of Rutherford, Dr. L. K. Hirshberg, of Johns Hopkins, states (Scientific American, April 20, 1912) that "until Sir William Osler came along with scathing nihilistic words, and rid the scientific world of the delusion that the waters of lithia springs, sulphur springs, Vichy springs, Carlsbad, and other watering places had the marvelous power of curing joint troubles, blood and constitutional diseases, there was hardly a physician in the civilized world who was not convinced of the therapeutic powers of the particular waters of some particular spring to which he sent his patients." But unfortunately for Osler's nihilistic views, and fortunately for science, Monsieur and Madame Curie discovered radium, while subsequently other great workers in physical chemistry, including Thomson, Ramsay, Crookes, and Rutherford, found traces of radium in the waters of many mineral springs. Then followed the discovery by Sir William Ramsay, not only of the fact that the wonderful properties of radium were due to the gas niton, of which it contains seventy-five per cent, but also that the curative value of the spring at Bath, England, was due to the niton its waters contained.

We are thus furnished with an explanation for a phenomenon which has given rise to considerable speculation, viz., the fact that mineral waters that are prepared artificially, even though the formula of the bona fide spring is reproduced qualitatively and quantitatively with the utmost care, fail to produce the same effects as the waters of the original spring, especially when used at the spring itself. Even the greater activity of freshly drawn waters may find its explanation in the fact that while niton, like helium and argon, is practically inert and forms no chemical salts or other compounds, its existence is but temporary, lasting a little less than four days—3.86 days, to be exact—when it becomes transformed into something new. Whether this change actually occurs in mineral waters, however, we are not told.

Sir William Ramsay has further shown that, as is the case with other gases, niton is compressible, a simple compression at room temperature sufficing to convert it into a liquid. Moreover, when this liquid is pressed into a silica glass tube having a very fine bore, it becomes solidified into a microscopical rod of transparent icelike material. Though its transparency renders it invisible, it emits a light as brilliant as that

Digitized by Google

of an arc lamp, and in the dark is most beautiful. But it steadily breaks down in geometrical ration, possibly, in Professor Rutherford's opinion, into new elements. Be this as it may, the fact remains that it is now known that a "powerful spray of tonic electrones" underlies the therapeutic action of at least certain mineral waters, and also that another of Osler's nihilistic doctrines is being rudely shaken.—N. Y. Med. Journal.

Race Culture.

(Journal of Pediatrics—June 1912.)

"Why should we not have certified, pedigree babies? We have colts and pups and calves with certified pedigrees, that are guaranteed to produce all the good points of their ancestors."

"Does not every father and mother hope that their children are going to inherit all their physical and moral virtues, and escape their blemishes? But what assurance have they that the child will have even the physical stamina to live past his second year?"

"Oliver Wendell Holmes has wittily said that the first essential in healthy stock is to choose healthy grandparents. Our young people are proud to marry into wealthy and distinguished families, and this is well, for such families usually imply ancestors with powerful traits of character; but how many today can pick out the qualities in their companions that show that they have descended from grandparents who are mentally, morally and physically strong. The kenynote of the nation's progress today is Eugenics and Euthenics. President Taft, before the Tuberculosis Congress at Albany, N. Y., said: 'The agricultural department is spending fourteen or fifteen million dollars to tell the farmers how they ought to treat the soil and how they ought to treat their cattle and horses with a view of having good hogs and good cattle and good horses. Now there is nothing in the Constitution especially about hogs or cattle or horses, and if, out of the public treasury at Washington, there can be established a department for that purpose, it does not seem to be a long step or a stretch of logic to say that we have the power to spend the money in a bureau of researches to tell how we can develop good men and good women."

"There is some sense in this. When we realize that the government spent in the year, $176,000,000 to prevent and protect the country against war and only $15,000,000 to protect

Digitized by Google

the people against preventable disease, we can see why more people die of preventable diseases than in war."

"New York state alone spent $568,000 to preserve the fish and game of the state and $170,000 for health."

"Dr. Davenport says the human babies born each year constitute the world's most valuable crop. Here and there, by chance, well-mated parents produce a wonderful child who has sufficiently strong stock and good care to weather the diseases of childhood, and we have a Fulton, a Lincoln, an Edison to lead the nation slowly forward; but with what bounds could we advance if we could be as certain of raising everywhere as good, strong stock in the nurseries of our nations as we do in the ranches of careful cattle breeders."

"About two and a half million babies are born in the United States each year. Nearly half a million die in their first year, and half of all are dead before they reach their twenty-third year, before they have had a chance to do either much good or evil in the world. Of the one and a quarter millions who live, a certain proportion will become industrious citizens of average ability, and the smaller proportion will be the leaders of men, the doers of deeds, while there will be a very definite proportion that will, by reason of their heredity, become criminals, epileptics, paupers, alcoholics."

"The other more healthy and able people of the United States have to support these incapable ones. There are about half a million insane and epileptic, feeble-minded, blind and deaf; there are 80,000 prisoners and 100,000 paupers—all of whom cost the United States over a hundred million dollars a year."

When young people marry in cities, especially in America, there may be almost no knowledge of the other's ancestry, even of their immediate family. But the young man or woman of today has the right to know the ancestry of both his or her child's parents. Each has a right to exact a health standard as well as a moral one. It would be a great help if family genealogies were kept, showing what each individual died of and from what diseases he had suffered."

SOMERS (Omaha).

Equal parts of castor oil and aromatic syrup of rhubarb constitutes Simon Solis Cohen's "candy medicine" among the children of Philadelphia.—New York Medical Journal.

Digitized by Google

COUNTY SOCIETY EDITORS

E. G. BARNHARDT, M. D., Department Editor.

A. B. Anderson, M. D., Pawnee City, Pawnee Co.
S. M. Bayer, M. D., Alma, Harlan Co.
E. D. Banghart, M. D., David City, Butler Co.
H. H. Bellwood, M. D., Alliance, Box Butte Co.
J. S. Blanchard, M. D., Kearney, Buffalo Co.
J. H. Boyes, M. D., Hebron, Thayer Co.
F. A. Butler, M. D., Harvard, Clay Co.
E. S. Case, M. D., Stockville, Frontier Co.
W. F. Conwell, M. D., Neligh, Antelope Co.
Rachel M. Cooper, M. D., Aurora, Hamilton Co.
J. W. Craig, M. D., Minden, Kearney Co.
W. L. Curtis, M. D., Fairbury, Jefferson Co.
Sidney Eastman, M. D., Belgrade, Nance Co.
W. F. Engleman, M. D., Grand Island, Hall Co.
A. P. Fitzsimmons, M. D., Tecumseh, Johnson Co.
C. P. Fordyce, M. D., Manley, Cass Co.
C. L. Hooper, M. D., Butte, Boyd Co.
S. R. Hopkins, M. D., Hastings, Adams Co.
F. A. Long, M. D., Madison, Madison Co.
Jno. I. McGirr, M. D., Beatrice, Gage Co.
F. J. McRae, M. D., Albion, Boone Co.
W. F. Mitchell, M. D., Superior, Nuckolls Co.
M. M. Newbecker, M. D., Ord, Valley Co.
A. P. Overgaard, M. D., Fremont, Dodge Co.
Syl. Person, M. D., Stanton, Stanton Co.
C. D. Piasecki, M. D., St. Paul, Howard Co.
D. T. Quig[illegible], M. D., North Platte, Lincoln Co.
M. A. Quincy, M. D., Ashland, Saunders Co.
Howard W. Quirk, M. D., Crete, Saline Co.
D. J. Reid, M. D. McCook, Red Willow Co.
B. F. Richards, M. D., Crawford, Dawes Co.
H. P. Sheldon, M. D., Scottsbluff, Scotbluff Co.
L. H. Sixta, M. D., Schuyler, Colfax Co.
Hal C. Smith, M. D., Franklin, Franklin Co.
P. A. Sundbury, M. D., Holdrege, Phelps Co.
A. E. Wade, M. D., Lexington, Dawson Co.

NEBRASKA NOTES AND NEWS.

Dr. A. D. Walker is considering relocating in Seneca, Neb.

Dr. C. W. Worth of Denver, Colo., has recently located in McCook, Neb.

Dr. Wray of Omaha is a new physician recently located in Kearney, Neb.

Dr. E. K. Westfall of Friend, Neb., died July 19th, at the age of 73 years.

Dr. P. H. Salter of Norfolk, Neb., is preparing to open a hospital in his home city.

Dr. A. A. Martin of Pierce, Neb., paid a visit to his former home in Canada in July.

Dr. J. M. Gahringer of Grand Island, Neb., died July 23rd, after a prolonged illness.

Dr. A. C. Ames of Mountain Grove, Mo., is a new physician recently located in Red Cloud.

Dr. E. Y. Lawrence of York, Neb., died in Boulder, Colo., July 25th, at the age of 81 years.

Dr. Gillespie of Wymore, Neb., is the proud father of a new baby girl who arrived early in August.

Dr. G. E. Egloff of Saronville, Neb., has purchased the practice of Dr. F. P. Winkler of Bryant, S. D.

Dr. C. H. Wake of Liberty, Neb., has removed to Omaha, where he will engage in the practice of medicine.

Dr. J. R. Kalar of St. Edwards, who was injured last month, is again attending to his professional duties.

Dr. I. M. Houston of Falls City, Neb., was found dead in his office July 17th. His death was due to apoplexy.

Dr. A. A. Eddingfield of Schuyler, Neb., has disposed of his property there and is seeking a new location elsewhere.

Digitized by Google

Dr. D. Neville of Hildreth, Neb., has been elected chairman of the Franklin county democratic central committee.

Dr. N. T. Johnston of Upland, Neb., has been re-elected chairman of the Franklin county republican central committee.

Dr. and Mrs. C. C. Allison of Omaha spent their vacation in Denver and Colorado Springs. They returned about September 1.

Dr. H. C. Smith of Franklin, Neb., was recently called to the besidside of his mother at Nebraska City. She died before he arrived.

Dr. W. W. Bowser of Omaha sailed for Europe early in August to take several months of post graduate work in London and Paris.

Dr. T. R. Butler of Beaver City, Neb., returned about the middle of July from a year of visiting and study in London, England.

Dr. C. P. Fordyce of Manley and Dr. J. L. Greene of Falls City have spent the month of August in the Mayo Clinic at Rochester, Minn.

Dr. G. C. Armstrong, at one time a physician of Cambridge, Neb., died in Los Angeles, Cal., August 11 as the result of an operation for appendicitis.

Dr. E. R. Seasongood of Naper, Neb.. returned the latter part of July from a course of post graduate work in surgery at the Cook County Hospital, Chicago.

Dr. Winifred Viers, a niece of Dr. J. W. Moranville of Red Cloud, Neb., has located in that city and will be associated with her uncle in medical practice.

Dr. J. G. Carney of Armour, S. D., was married last month to Miss Myrtle Grace Seitz, of Lincoln, Neb. Both bride and groom are 1912 graduates of Creighton.

Dr. J. B. Sumner and Dr. Ella P. Sumner of Bloomington, Neb., have left for Provo, Utah, for an extended visit. Dr. W. E. Sparks wil ltake charge of their practice while they are gone.

Dr. A. F. Tyler of Omaha returned the first of August from Baltimore where he had spent a month in post graduate study in surgical work in Johns Hopkins Hospital. He also attended the meeting of the A. M. A. at Atlantic City.

Nurse Gordon, who has had control of the Scottsbluff hospital for several years, has been obliged to relinquish the work to seek rest in colorado, owing to ill health. Mrs. W. D. Gross is now in charge and is prepared to maintain the reputation of the institution.

Dr. Boys of Hebron, Neb., is spending his vacation on his place three miles northeast of Hebron. The doctor has two large lakes fed by springs and stocked with all kinds of game fish. The people of Hebron don't have to go away from home to find an ideal camping ground.

Dr. Faught and Dr. Jones of Scottsbluff were interested in several real estate transactons recently by which they came into possession of G. L. Shumway's large and modern residence on North Main street. This house the doctors will equip and operate as an up-to-date hospital and sanitarium.

Dr. R. S. Leadingham, Creighton '07, who has been engaged in Y. M. C. A. work in the south for several years, was married early in August to a young lady of New Orleans. Dr. Leadingham and wife passed through Omaha on their way to Sioux City, the doctor's home. They will leave shortly for southern Corea, where they will engage in mcdieal and missionary work.

Digitized by Google

GENERAL NOTES AND NEWS.

Dr. Charles A. Powers of Denver was elected president of the American Surgical Association, at the annual meeting of the association held recently in Denver.

The American Medical Association will meet in Minneapolis next year. New York, Louisville, and Minneapolis were the competing cities for the honor, and Minneapolis won.

The doctrine of heredity should never be forgotten by parents or remembered by children. To the first it is the assertion of their responsibility; to the second a reminder of their helplessness.—Bagshot.

American Medicine's gold medal has been awarded to Dr. W. C. Gorgas as "the American physician who has performed the most conspicuous and noteworthy service in the domain of medicine during the past year."

The right of the California State University to exclude an un-vaccinated student has been upheld by the trial court. It is said the case will be appealed and the constitutionality of the law tested in the court of last resort.

Dr. Rudolph von Jaksch recently celebrated the completion of twenty-five years' service as professor of internal medicine at the University of Prague. The Prager Medizinische Wochenschrift issued a special number in his honor, and a Festschrift was presented to him.

The Philippine government is endeavoring to solve the problem of the management of affairs in the leper colony on the Island of Cullon by the establishment of a republic among the lepers, and on June 18 Michael Whalen, the only American on the island, was elected chief executive.

It is reported that a hospital, to be devoted exclusively to the treatment of diseases of the appendix vermiforis, will be established in Boston in the near future. Dr. William Brooks, Jr., will be at the head of the institution, and with him will be associated Dr. George Oliver Clark.

Seven cases of smallpox have been reported in Philadelphia, having been due, it is said, to the failure of the ship surgeons to report a death from this disease on board the Haverford, which arrived in Philadelphia on June 4th, and 21,500 persons have been vaccinated as a result of the scare.

Dr. James Sutherland, of Spokane, while pouring nitric acid from a bottle into a test tube, dropped the larger vessel, causing the acid to splash over his clothing. While trying to remove his wearing apparel the fumes from the acid overcame him, rendering him unconscious. His condition is serious.

The Honolulu Commercial Advertiser states that, in all, seven leper patients have been released on parole by the board of health, all of whom have been apparently cured or the disease arrested through the carbon monoxide snow treatment of Dr. Wayson. All the patients on parole continue under observation.

Dr. William Pepper has been appointed dean of the medical department of the University of Pennsylvania in succession to Dr. Allen J. Smith, resigned. He is a son of the late Dr. Wm. Pepper, for many years provost of the university. He was graduated from the medical department of the university in the class of 1897 and he has for several years been professor of clinical pathology in the university.

Digitized by Google

SOCIETY MATTERS.

FRANKLIN COUNTY MEDICAL SOCIETY.

The Franklin County Medical society held its quarterly meeting at Campbell, Neb., Wednesday, July 31. A large attendance was present and the following program rendered:

"Hyperacidity," S. J. Jones, M. D., Hastings, Neb.

"Cholecystitis," Will F. Dugan, M. D., Campbell, Neb.

"Subcutaneous Feeding," F. L. Wilmeth, M. D., Lincoln, Neb.

Clinics were also presented for treatment.

The physicians of Campbell tendered the visiting members an elegant banquet, of which all partook and with one accord agreed it the most enjoyable as well as profitable meeting ever held by the society. A vote of thanks is due the physicians of Campbell for the hospitality and royal entertainment given.

HAL. C. SMITH, Secretary.

The Drs. Sparks are new physicians in Franklin county, coming from the state of Kentucky. One is located at Bloomington, the other at Upland, Neb.

Dr. Dennis Neville of Hildreth, Neb., has just returned from Colorado, where he was looking after his many mining interests in that state.

Dr. N. T. Johnston of Upland, Neb., was a recent visitor at the state capital.

KNOX COUNTY MEDICAL SOCIETY.

The annual meeting of the Knox County Medical Society was held in Creighton, Tuesday, the 23rd. The following officers were elected: President, Dr. Cook of Winnetoon; vice president, Dr. Genung of Wausa; secretary-treasurer, Dr. Hansen of Wausa; censor, three years, Dr. Kucera of Verdigree; censors to fill vacancy, Dr. Hansen and Dr. Mettlen of Bloomfield. A resolution recommending the establishment of a Bureau of Public Health and Food, which is an indorsement of the Owen bill, was passed, showing that the Knox county physicians are abreast of the times and are in sympathy with those who are endeavoring to raise the standard of health and to secure pure food. The following physicians were in attendance: Drs. Johnson, Burrell, Britt, Campbell and Hazen of Creighton, Dr. Mettlen of Bloomfield, Drs. Hansen and Genung of Wausa, Dr. Crook of Winnetoon, Drs. Kucera and Bates of Verdigree and Dr. Clark of Niobrara. The next meeting will be held in Bloomfield probably in October.

MEDICAL SOCIETY OF THE MISSOURI VALLEY—TWENTY-FIFTH ANNUAL MEETING.

The "Silver Jubilee" of this society will be celebrated in Council Bluffs, Iowa, on September 5 and 6, under the presidency of Dr. J. M. Bell of St. Joseph. As a part of the entertainment a reunion of charter members is planned, which will include many past presidents. The presidents of state societies have also been especially invited. The surgical and medical orations will be given by Dr. Henry T. Byford of Chicago, and Dr. W. O. Bridges of Omaha, respectively. A symposium on Anesthesia will be a feature of the first afternoon.

On Saturday following the meeting a series of clinics will be given in Omaha, beginning at 8 o'clock in the morning. At noon a luncheon will be given in honor of the charter members, to which all are invited.

Headquarters at the Grand Hotel, Council Bluffs. Following is the

PRELIMINARY PROGRAM:

"The Physiology of the Alimentary Tract, from a Surgeon's Standpoint," Dr. E. C. Henry.

"Symbolism in the Symptomatology of Functional Nervous Diseases: Report of a Case," Dr. G. A. Young.

Digitized by Google

"The Effects of Silver Salts on the Gonococcus in the Male Urethra," Dr. Thomas M. Paul.

"Rapid and Complete Correction of Spinal Curvatures by the Abbott Method" (lantern slides), Dr. H. Winnett Orr.

"The Operative Treatment of Paralytic Foot Deformities," Dr. John P. Lord.

"The Algolagnistic Instincts as Related to the General Practice of Medicine," Dr. Henry S. Munro.

"Tuberculosis of Sacrum, with Report of Case," Dr. Ralph E. Keysor.

"Post-operative Treatment; Why so often neglected; Why necessary; How Managed," Dr. L. A. Merriam.

"A Plea for the Establishment of Research, Clinical and Hygienic Laboratories in the Cities of the Missouri Valley," Dr. Daniel Morton.

"Management of Skin Diseases in Children," Dr. Alfred Schalek.

"Technic of the Evisceration of the Eyeball," Dr. H. Gifford.

"Cryptogenic Septico-pyemia, with Report of a Case," Dr. William F. Milroy.

Symposium on Anesthesia: (a) Surgical, Dr. Chas. Ryan; (b) Obstetrical, Dr. John G. Davis; (c) Spinal, Dr. H. C. Anderson; (d) Local, Dr. A. C. Stokes; (e) Psychoses following, Dr. Frank Parsons Norbury. Discussion opened by Dr. S. Grover Burnett.

Programs will be issued August 20. Copy may be obtained by addressing Dr. Charles Wood Fassett, secretary, St. Joseph, Mo.

Nebraska State Medical Association

County and State dues are due January 1st and delinquent April 1st of the current year.

Our Constitution requires County secretaries to report their membership and send draft for State dues in April, to the State Secretary. His report to our State and National Associations cannot be made up till County Secretaries complete their reports. Members in good standing for the current year, retain their membership for the first three months of the immediate succeeding year, as days of grace, but at the expiration of said date if their dues are not paid their names are dropped from the Roll and the Review discontinued. All office supplies necessary to the records and reports by County Secretaries, are supplied free of cost from the office of our State Secretary, and will be mailed to County Secretaries immediately on request. Or Staet duues are $3.00 (that is, dues $2.00, defense fund $1.00 if members so elect) per year. Our County Society Constitution calls for the Annual meeting in December or January, which provision gives ample opportunity for each member to make personal payment, or mail his dues to the County Secretary in time to complete the County roster by the following April.

Reinstating a delinquent member necessitates four letters from this office, to place the member right with the State treasurer, the National Association and the Review office. Members changing their residence in the State or moving from Nebraska, should at once notify this office, giving your old and new address else your copy of the Review and other State Association news will not reach you. Our membership August 1st was 956. The next session of our State Association will be in Omaha, Neb., May 6, 7, 8, 1913. If you want a place on the program notify any member of the program committee of your desire, giving him the title and an abstract of your paper. The program cannot contain to exceed 40 papers. Our State Association Program should be limited to physicians residing and practicing in Nebraska.

JOSEPH M. AIKIN, Secretary.

Digitized by Google

BOOK REVIEWS.

THE TREATMENT OF SHORTSIGHT.

By Professor Dr. J. Hirschberg, Geh. Med. Rat. in Berlin. Translated by G. Lindsay Johnson, M. D., F. R. C. S. 182 pages. Price $1.25 net. Rebman Company, 1123 Broadway, New York.

In this lecture of Hischberg's is found one of the most exhaustive studies of the subject we have in the literature of myopia. The author by reason of his long and vast experience speaks authoritatively on all the divisions of the subject, basing his views on personal experience entirely. He advises full correction of the myopia when 3D. or less and says glasses stronger than 10D. should not, generally speaking, be worn continuously. He is very emphatic in denying that the vitreous and retinal changes are inflammatory in character and asserts that many eyes have been ruined by treatment carried out on that presumption. Regarding retinal detachment the author says: "The facts speak loudly and clearly, the theories are debatable, the treatment risky, the cure rare." True myopic glaucoma is fully considered and of the operation for the removal of the lens in highly myopic eyes he speaks in very guarded language, advising the operation rarely and then in most carefully selected cases only.

THORNTON'S MEDICAL POCKET FORMULARY.

New (10th) edition. Containing over 2,000 prescriptions, with indications for their use. In one leather-bound volume. Price $1.50, net.. Lea & Febinger, Publishers, Philadelphia and New York, 1912.

It would be difficult to mention a more frequently useful work than Thornton's Formulary. The author is peculiarly qualified to render such a service, as he unites a knowledge of the three necessary branches, being a graduate in pharmacy, a professor of materia medica in a leading medical college, and an active practitioner of many years' standing. He has here presented the collective experience of the medical profession as to the best measures for combating each disease. He has arranged the various diseases alphabetically, and under each has given the best formulae for simple cases, as well as for the various stages and complications, with quantities both in the ordinary and metric systems. A feature peculiar to this work, and one of obvious value, is found in the Indications and annotations for a choice between the various formulae according to the conditions to be met. Critical study has been given to each formula in all its parts, and attention has been paid to palatability and pharmaceutical elegance without sacrifice of therapeutic efficacy. No point desirable in such a work has been overlooked. The most experienced physician will find it useful as a reminder, and his younger confrere will perform his duty better both to his patient and himself with the best collective knowledge of his profession at hand for quick reference. That practitioners widely appreciate its value is shown by the frequent demand for new editions, a point of special importance in a work dealing with so rapidly advancing a department as therapy. In each of its ten editions, the author has embodied the latest and best information, so that the profession may consult this hand-book with confidence in finding it always up to date.

DUODENAL ULCER.

By B. G. A. Moynihan (London), F. R. C. S., Senior Assistant Surgeon at Leeds General Infirmary, England. Second edition, enlarged. Octavo of 486 pages, illustrated. Cloth, $5.00 net; half morocco, $6.50 net. Philadelphia and London: W. B. Saunders Company. 1912.

The first edition of Dr. Moynihan's book, which appeared two years ago, contained a report of 190 cases of operative duodenal ulcer. He enriches the literature upon this important subject in the second edition with an appendix in which he records 115 cases operated upon since his original work was tabulated. Duodenal ulcer alone was found in 87.8 per cent and

Digitized by Google

gastric and duodenal ulcers in 9.56 per cent of the cases. Only one patient died, an anemic woman, who succumbed to cardiac failure on the thirteenth day. Before this woman's death Moynihan had performed 192 consecutive operations for duodenal ulcer without a fatality. Moynihan gives us the last word in the surgical treatment of ulcer of the duodenum, and his explanation of operative detail is very complete.

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Opthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to Practitioners and Students. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the collaboration of Wm. Osler, M. D., Oxford; John H. Musser, M. D., Philadelphia; A. McPherdan, M. D., Toronto; Frank Billings, M. D., Chicago; Charles H. Mayo, M. D., Rochester; Thomas H. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Richard Kretz, M. D., Vienna, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume I. Twenty-second Series, 1912. Philadelphia and London. J. B. Lippincott & Co. Price, $2.00.

OPHTHALMIC MYOLOGY.

A Systematic Treatise on the Ocular Muscles. By G. C. Savage, M. D., Professor of Ophthalmology in the Medical Department of Vanderbilt University. Second Edition. Eighty-four illustrative cuts and six plates. Cloth, $4.00. McQuiddy Printing Company, Nashville, Tenn. 1911.

This second edition of Dr. Savage's well-known book shows many additions and corrections, and considerable new matter. While the author's teaching concerning the fundamental principles of ocular rotations is not in accord with that of the immortal Helmholtz, it is quite possible that an unbiased investigation of the subject, and a full understanding of the principles as laid down by Dr. Savage, will give many an ophthalmic student a change of view. Even though those who study the action of the ocular muscles may disagree with Dr. Savage in his contentions—and there are those who differ—a consideration of the subject from Dr. Savage's standpoint cannot but be interesting and profitable as throwing a new light on a problem which has been a difficult one of understanding for many students of ophthalmology.

THE CARE OF THE INSANE AND HOSPITAL MANAGEMENT.

By Charles Whitney Page, M. D. 154 pages. Price prepaid, $1.00. W. M. Leonard, Publisher, Boston.

Dr. Page, after forty years of service as superintendent of the largest hospitals in Massachusetts and Connecticut, has written this volume of 154 pages, to advance the cause of non-restraint and humane treatment of the insane.

Dealing with this difficult subject, the book shows in every page the intimate knowledge and the patient touch of a practical man. There is an insistance upon the methods of non-restraint that is unmistakably founded upon actual experience.

The reader feels that the author knows what he is talking about and he states it so clearly as to make it convincing. The book may be commended to the large number of people deeply interested in this subject.

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00. The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

Dr. A. G. HAMILTON, Thermopolis, President Dr. W. H. ROBERTS, Cheyenne, Secretary
Dr. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. H., Rock Springs.

Vol. XVII. CHEYENNE, WYO., SEPTEMBER, 1912. No. 9

ABSTRACTS.

Eradication of Typhoid Fever.

McLaughlin (Boston Medical and Surgical Journal) presents tables that show a startling contrast between the death rate from typhoid fever in Europe and in the United States. In one of these the death rate in fifteen large Northern European cities is shown to range from 1.3 to 5.6 per 100,000 of population, while that of the fifteen largest American cities ranges between 8.8 and 58.7 per 100,000. To attain the low rates for typhoid fever which are reported for the northern European cities seems to be an ideal difficult of accomplishment in America, yet he thinks there is no reason why we should not accomplish it and go even farther toward the complete eradication of the disease. Theoretically the eradication of typhoid fever is possible by the ideal execution of two measures, safe disposal of human excreta, and disinfection of the hands of those who handle the food and drink of others. The former is far from being attained, but is an ideal toward which we may aspire, although much education in personal hygiene is necessary before we may hope that the individual carrier will protect others voluntarily by disinfecting his hands at the proper time. Much of the typhoid fever is preventable by the installation of a safe water supply. This is shown by a comparison of twenty-two

Digitized by Google

large American cities with good water supply, with twelve in which the water supply is of a doubtful character. The elimination of impure milk is another means of prevention. After these factors have been eliminated there remains the "residual" typhoid, in which the greatest factor is the more or less direct transference of the germs from the fresh feces or urine of one person to the alimentary canal of another. The fly is a factor in this transference, especially in the country, the fingers and food are others. The moral duty of the physician to report cases promtply, as distinguished from the legal duty, is pointed out, as well as the fact that he should make a much wider use of the clinical laboratory as a routine procedure, especially in atypical cases. The householder needs to be taught the danger inherent in the excreta of the sick. Hospitalization should be insisted on when there is inability to understand, or failure to carry out the precautions directed. Educational effort must be made to obtain control of typhoid carriers. McLaughlin urges that a campaign of education in regard to the eradication of typhoid fever should be entered into; that it should be systematically planned and should press into service every possible agency, the press, clergymen, settlement workers, and school teachers taking a prominent part, to impress two primary facts: 1. Contamination of food or drink by careless fingers may be equivalent to homicide; 2, such dire results can be avoided by careful cleansing of the hands and fingernails after using the toilet and before handling food and drink. Such a campaign of education would reduce not only the prevalence of typhoid fever, but also of bacillary dysentery, diarrhea, and enteritis of children.

Use of Ipecac to Abort Typhoid Fever.

William Lawrence Frazier, Mountain Home, Idaho (Medical Record), presents the histories of six cases of typhoid fever in which he made use of ipecac to abort the disease. The drug was given in capsules coated with salol to prevent their dissolving in the stomach and causing vomiting. The ipecac was given for six successive days beginning with thirty grains, and decreasing five grains each day until the dose was ten grains. The author believes that the disease was aborted, by means of this treatment.

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Neb. Per Annum, $2.00. The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. Jonas, M. D., President — H. L. Akin, M. D., Sec.-Treas. — H. Gifford, M. D.
F. E. Coulter, M. D., V-Pres. — H. L. Burrell, M. D.

A. L. MUIRHEAD, M. D., Editor.

C. C. MORISON, M. D., Associate Editor.

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H.L.	Crowley, C. F.	Hamilton, H. P.	Owen, F. S.
Allison, C. C.	Christie, B. W.	Jonas, A. F.	Pollard, C. W.
Akin, H. L.	Davis, B. B.	Lake, F. W.	Rich, C. O.
Bryant, D. C.	Dunn, A. D.	Lemere, H. B.	Rix, R.
Bridges, W. O.	Foote, J. S.	Mack, A. E.	Stokes, A. C.
Crummer, LeRoy	Gifford, H.	Milroy, W. F.	Somers, A. B.
Coulter, F. E.	Henry, W. O.	Moore, R. C.	Schalek, Alfred
Condon, A. P.	Henry, E. C.	Moriarty, Pierre C.	Sumney, H. C.
Conlin, F. M.	Hollister, R. R.	McClanahan, H. M.	Towne, S. R.

Anderson, A. B., Pawnee City	Long, F. A., Madison	Poynter, C. W. M., Lincoln
Artz, C. V., Hastings	Von Mansfelde, A. S., Ashland	Hopkins, S. R., Hastings
Coats, A. J., Fairbury	McConaughy, R., York	Pickett, I. N., Odell
Dayton, W. L., Lincoln	McDonald, R. C., Fremont	Quigley, D. T., North Platte
Everett, M. H., Lincoln	McKinnon, A. I., Lincoln	Rork, L. W., Oxford
Hilton, D. C., Lincoln	Mitchell, A. R., Lincoln	Talbot, W. E., Broken Bow
Hildreth, M. L., Lyons	Orr, H. Winnett, Lincoln	Wilson, W. H., Lincoln

Vol. XVII. OMAHA, NEB., OCTOBER, 1912. No. 10

The Menace of Wood Alcohol.

The wide-spread discussion which followed the series of deaths in Berlin as a consequence of the drinking of liquors contaminated with wood alcohol has again attracted attention to its poisonous character. There has been considerable difference of opinion as to whether the poisonous effect of this substance is actually due to the alcohol itself or to some impurities, which are almost invariably present in all except the most refined products. There is a scarcity of facts regarding the actual behavior of wood alcohol in the animal body, so that the underlying causes of its extremely poisonous character are by no means clearly understood.

With respect to ordinary grain alcohol, the component of

Digitized by Google

our alcoholic beverages, the facts are better understood. Ordinary alcohol is, when taken in moderate quantities, rapidly burned up in the body. This fact has been demonstrated by numerous experiments. With wood alcohol, however, the case seems to be different, according to the recent investigations in the Institute for the Fermentation Industries at Berlin. It has been shown that when wood alcohol is administered to animals it may not be eliminated completely even at the end of two days. The repeated ingestion of considerable doses of wood alcohol may lead to a dangerous accumulation thereof in the body. This factor has heretofore not been duly appreciated. These subtle dangers associated with the use of wood alcohol deserve wide-spread notice because of the increased danger of its unsuspected entrance as an adulterant of the cheaper grades of distilled liquors and certain medical products. The insatiable demand for cheap liquors among certain of the degraded classes, says the Journal of the American Medical Association, and the difficulty with which the admixture of the inexpensive wood alcohol is detected provide a constant temptation to the unscrupulous dealer and a menace to the health of certain classes. However objectionable adulteration may be on general principles, it becomes far worse when some subtle danger is harbored therein.

Social Life of the Medical Student.

Much attention has been given in recent years to the educational qualifications of the medical student and much has been written regarding the best methods of instilling into him the required amount of medical knowledge, but practically nothing has been said or done regarding his social life during the long four years of his medical course. The plea of Dr. J. Collins Warren for suitable dormitories and other provisions for the student's social life therefore is worthy of careful thought. Says Dr. Warren: "The medical student, unlike the college undergraduate, is drawn toward the great centers of population and, therefore, unable to enjoy those advantages

Digitized by Google

which time is constantly showing are of so much importance to the moral as well as the physical make-up of the member of the academic community. The medical student is usually tucked away in some Latin quarter, or its equivalent, situated in that part of the city where a great hospital usually finds its home. He has to live in unfavorable surroundings, and his means often do not permit him to indulge in more luxurious quarters than a hall bedroom." Thus, as a rule he is in insanitary surroundings and often exposed to contagious diseases. "And it is this particular class of young men to whom the learned faculty preach about the laws of health." With the hard work required to master the course laid down by the average medical college, it is clear that much depends on the student's surroundings, his habits, his food, his recreation and his companions. Nevertheless, along these lines the medical student, often for the first time away from home influences and in a large city, is left mercilessly to shift for himself. So while millions of dollars are being spent on architecturally beautiful buildings and on marvelously equipped laboratories, is it not time that more attention be paid to the social and physical welfare of those for whose training so much has been expended? The student needs a medical training, surely; but of what value is that training if he leaves the institution a physical or moral wreck? Along with the progress being made in other phases of medical education the social aspect of the medical student's life should also receive some attention.

For the Suppression of Tuberculosis: A Program for Local and State Organizations.

By J. W. PETTIT, M. D., Ottawa, Ill.

The fact that tuberculosis is preventable and curable is leading civilization to a far greater activity toward its suppression, which to be effective needs wise direction.

The mortality from tuberculosis in the United States approaches 200,000 annually, one-eleventh of all deaths and one-third of all that occur between the ages of fifteen and forty, the

Digitized by Google

productive period. Each year more deaths than from yellow fever in 115 years, and each year three times the deaths from battle on both sides in our civil war, an expense to our nation of over $1,000,000,000 annually.

The cause is the bacillus found by Dr. Koch only thirty years ago.

Contact and not heredity gives one the bacillus; yet not the casual contact, as in many diseases, but where it continues for a time and then only when the patient is careless of the sputum or other infected excretion.

To quarantine is not needed, nor is there danger unless the patient refuses control. In our sanatoria there are no secondary cases. The organism in quantity is dangerous as with children fed upon infected milk. In the body it may lie dormant for years, so may not be traced to its origin.

To prevent tuberculosis then destroy all infected sputum, segregate the uncontrollable or indigent patients.

In organizing a local society small units are more efficient.

In education exhibits are most valuable.

They show the extent of the disease, the how and the why.

Literature and illustrated lectures, perhaps to groups by trades.

The press is a valuable agent and a willing one.

Addresses to assemblies of all sorts.

Sale of the Red Cross seals.

The local organization should employ the visiting nurse; she can search out not only the advanced but the incipient case and aid in securing to each the actual condition sought.

This burden of tuberculosis is upon society a problem to be met either in the worst or the very best way—a great social problem.

Institutions should be accessible, and if well conducted all fears from them cease.

Expensive construction is uncalled for. Wind, snow and rain are of course to be kept out of shack or lean-to.

Digitized by Google

Treatment consists in life out-of-doors, selected diet, regulated exercise, medication for improved nutrition.

But the experienced physician is needed to apply any treatment, for even the sanatorium cannot cure. With his guidance it is far safer than the home, which often tempts the patient to indiscretions he cannot control.

Climate is not an essential factor. That cures are effected in or out of sanatoria in so many varieties of climate proves this.

A recent writer found 20,000 sufferers in the arid southwest of whom 12,000 die in the first twelve month. Yet physicians who ought to know better allow this to go on.

They should all teach better.

Dr. Arthur Ransome, an eminent English authority; Dr. Arthur Latham, another eminent English authority; Dr. A. P. Francine, director of the Pennsylvania Society for the Prevention of Tuberculosis, and Dr. Detweiler of the celebrated sanatorium at Falkenstein concur. "There is no specific climate for consumptives."

Cure in the home climate is more permanent. Cold is better than warm weather.

The sanatorium should hold all classes of cases. The personal efforts of the patient, so essential, are more diligent if he is familiar with the failures and success of his fellows.

Time is needed. Tuberculosis is not curable in a few weeks. Two years is often required. This that results may be permanent.

"A few weeks to learn the treatment" is not to be considered.

A patient should be frankly told his condition. To withhold the truth is a mistake. He can then and then only be led to meet the issue squarely. The average patient is more of a problem than is his disease.

We also have his friends and associates to consider. Sacrifices have to be made. Here, as elsewhere, strong character succeeds where the optimist fails. The regime of the sanatorium has to be submitted to. Home rule is too easy.

Digitized by Google

The esprit du corps, the example of others, the rivalry, all are found at the sanatorium.

Its educational value is great.

It is more economical than the home, weeks do what requires months at home.

Recovery is the sole business at the sanatorium.

Early diagnosis is very essential, since 90 per cent are then curable.

A cure means far more than recovery from active symptoms; this is often but the beginning.

A sanatorium is a benefit to a community, first financially and then educationally, teaching how to avoid contagion among themselves and how to improve health in general.

The social life keeps the mind so agreeably employed at the sanatorium as to surprise an outsider by its atmosphere.

Local sanatoria are needed. Simple structures to aid both incipient and other cases; not that a cure is always to be expected.

The suggestion for local campaign and a short discussion followed.

S. R. Towne, Omaha.

A Diuretic Mixture.

Rowntree and Geraghty, in Archives of Internal Medicine for March, 1912, mention the following mixture as being in constant use for diuretic purposes at the Johns Hopkins Hospital:

R Tincture scillæ 3iii;
Potassii acetatis, ...)
Spiritus ætheris nitrosi,).....aa 3iv;
Aquæ.....q. s. ad oz. iv.

M. Sig.: One dessertspoonful three times a day.

"Mary had a little Lamb,
Likewise an Oyster Stew,
Salad, Cake, a piece of Pie,
And a bottle of Pale Brew.
Then a few hours later
She had a Doctor, too."

Digitized by Google

ORIGINAL ARTICLES.

Pelvic Inflammatory Disease.

*By M. J. FORD, M. D., Omaha.

I use this term as the title of my paper, as I think it will convey my subject to you more clearly than the older term, "pelvic abscess," which included all forms of pelvic inflammation and would lead one to believe that all the inflammation was located in the cellular tissue between the rectum and the uterus, where in reality minute observations made by some of the leading gynecologists of the country have clearly proven that the seat of the abscess is usually on the uterine tube or the ovary and rarely in the cellular tissue. Dr. Howard Kelly cites fourteen different places where he has found accumulated pus, among the most common locations being one or both tubes, ovary, combination of tube and ovary, the cornua uteri, floor of the pelvis, anterior to the tubes in the cellular tissue at the base of the broad ligament.

Cause of Suppuration may be any of the pus producing organisms, chief among these being the gonococci and streptococci; staphyloccus is rarely found to be the cause. I in gonorrheal infection the inflammation is usually found to be local, the inflammatory process being confined to the pelvic organs. The organism finds its way through the vagina into the uterus and then to the tube which usually becomes sealed at its extremity and thereby protects the general peritoneal cavity. This, however, is not always the rule, as we may have the escape of the gonococci into the pelvis setting up a pelvic peritonitis; gonococci have been found in ovarian abscesses and have been known to penetrate the submucous connective tissue and enter the circulation. H. Cushing reports two cases of acute gonococcal peritonitis in the Johns Hopkins Bulletin.

Streptococcus Infection differs from gonorrheal both in its clinical manifestations and its mode of invasion. The course of this infection is usually following abortion, a break in the technique during the puerperium, introduction of dirty instruments, sore on the hand of the examining doctor or carelessness in making internal uterine applications. The germs invade the muscular walls of the uterus, so we may have an endometritis, metritis, parametritis, or an invasion of the cellular tissue

*Read before the Elkhorn Valley Medical Society at Norfolk, January 11, 1911.

Digitized by Google

without any involvement of the tubes or ovaries. In fact, cases are cited in literature where an accumulation of pus has been found in the cul-de-sac of Douglas with the wall of the uterus involved and the tubes and ovaries lying on top of the abscess intact.

Symptoms. In the gonorrheal type, the pelvic symptoms are usually preceded by an inflammation of the urethra, vulva and vagina, which is followed by pelvic pains. The pelvic inflammation may occur months after the primary infection. In this form of inflammation the pulse is good and the patient is generally in pretty good condition, which is not true of streptococcus infection, which almost always follows closely upon labor, abortion, or local treatment. The onset is rapid, may be preceded by a chill, the temperature is high, the pulse quick and the abdomen may become distended. The patient has a depressed anxious appearance due to a septic absorption and is usually confined to her bed. The pain is severe, there is a marked tenderness over the lower abdomen. In fact, we have a picture of a rapid general infection. Then the symptoms may abate, only to appear again in a few days, and this may continue until we have a well defined abscess in Douglas' cul-de-sac.

Diagnosis of Pelvic Inflammation, as a rule, is easy. You can usually get a history of gonorrhea. If not recent, you may get a history of pelvic discomfort after marriage with an irritating leucorrheal discharge which has been worse at times or the patient may date the beginning of her illness back to a labor, miscarriage or local treatments. Upon examination it will be found that the uterus has lost its mobility and you may find a mass on either side or posterior to it; the vault of the vagina has that characteristic stony feel to the examining finger.

Prognosis depends upon the virulence of the micro-organism.

Gonorrhea as a rule does not extend beyond the tubes and ovaries but may become chronic with acute exacerbations.

Streptococcus is rapid, often producing general peritonitis or septicemia and a great number of the cases die; those that do recover are usually more or less crippled by the great number of adhesions in the pelvis.

Case No. 1, Mrs. T., age 28, married.

Family and early history negative, periods always regular, no pain, no clots, no leucorrhea. At twenty-five aborted, was taken to the hospital, curetted and kept in bed for one week. She did not conceive again for three years, when she was de-

Digitized by Google

livered of a strong healthy boy. I attended her during this confinement; labor was normal, she had a graduate nurse take care of her before and during confinement, all of the bed linen had been sterilized and I delivered her dressed in a sterile gown and with rubber gloves. Every precaution against infection was taken. Following labor, temperature was normal for three days. On the morning of the third day her bowels were opened with castor oil, but the next day she developed a temperature of 99.2. This continued until the ninth day, when the temperature went up to 103.4 and she had a chill. I immediately anesthetized her and curetted the uterus. The temperature stayed up and the following day I found upon examination an induration in the cul-de-sac of Douglas. I removed her to the Wise Hospital where I again curetted her and opened the cul-de-sac by passing in behind and close to the uterus a sharp pointed scissors curved on the flat; the blades were opened wide and then withdrawn, there was an escape of a small amount of bloody serum, the finger was then passed in and the adhesions broken up. I left in two rubber drainage tubes and put her to bed in the Fowler position. She was given 3 grains of quinine sulphate and 10 mm. of tincture ferri chloridi every four hours and ice was applied to the abdomen and each day she was irrigated through one of the drainage tubes, allowing the other tube for an outlet, but in spite of all I could do her condition grew worse, she had one or two chills a day and the temperature went up as high as 106.2 degrees F. One week after the operation she developed a septic pneumonia, the pain in the chest being excruciating. This was relieved by firmly strapping the affected side with strips of adhesive plaster. The drainage tubes were removed in ten days and I ordered for her twice a day a five-gallon 2 per cent carbolic acid douche and at night I would pack the vagina with cotton tampons saturated with 10 per cent ichthyol, still her condition did not improve much, she continued to carry a high temperature and four weeks after being taken to the hospital she developed an abscess in the breast, which was opened and drained. One week later she got an infection of the ilio-sacral articulation which was so painful that it was almost impossible to move her. I strapped the hips as tightly as possible with adhesive, thereby partially immobilizing them, which gave her some relief. After the latter complication she began to improve slowly and eight weeks from the onset she was taken home, but still complained of considerable pain in the hips, which gradually cleared up. She had

Digitized by Google

to use crutches for some time, but finally regained the use of her legs without pain. Three years later she gave birth to a healthy child, the labor was normal and she had no bad after effects. This was a very interesting case to me and I do not know from what source she was infected, unless it was an old pus tube emptying its contents into the uterus, as she gave a history of abortion and we would naturally suspect that it might leave some pathological conditions behind.

Case No. 2. Mrs. T., colored, married; February 8, 1907.

I was unable to get a very satisfactory history from her; she denied specific trouble of any kind, had never miscarried. The first thing she noticed was a feeling of discomfort in the pelvis, which rapidly got worse, giving much pain and distress. I found her to have a high temperature and pulse, tender over the lower abdomen, and upon vaginal examination there was a hard mass back of the uterus. Diagnosis of pelvic inflammatory disease was then made on the above findings and she was taken to the Wise Hospital for operation, which was done by me in the following manner: The uterus was curetted and pulled well forward and held by an assistant, the two first fingers of the left hand inserted back of the uterus as a guide over which I passed the pointed scissors which penetrated the vault of the vagina, keeping close to the uterus. Immediately following the puncture there was an escape of a large amount of foul smelling pus. The scissors were withdrawn with the blades far apart so as to enlarge the opening, two good sized rubber drainage tubes were introduced and she was put to bed and irrigated each day through the drainage tube. The temperature came down and she felt better for a day or two, when there was a marked rise in temperature and she had a chill. Following this she was immediately anesthetized and I removed the drainage tubes and explored the cavity with my finger, breaking up a mass on one side, liberating a pocket of pus. The tubes were again inserted and the above treatment continued. She gradually improved up until the fifth week, when her condition got worse. She was thoroughly septic and very emaciated, having lost about thirty pounds. I concluded that there must be another pocket of pus formed, so explored through the opening and found another accumulation of pus which I was able to evacuate with my finger. Following this her improvement was rapid and she left the hospital seven weeks from the time she entered. I called upon her the other day, as I wanted to see her

Digitized by Google

before reporting her case, and she is enjoying very good health and has had no more trouble in her pelvis.

Case No. 3. Mrs. L., married, age 30 years.

Family history, negative.

Personal history, she had no severe sickness, was always regular and suffered no pain with her periods.

Present illness: I called to see her January 25th, 1908, and found her to be suffering from an acute attack of appendicitis and advised an immediate operation. I was told that she was pregnant and that she would go to the hospital if I would interfere with the pregnancy; this I refused to do. February 6, 1908, two weeks later, her husband called me and said he was taking his wife to the Omaha General Hospital, as she was in a bad condition and for me to meet him there. Upon inquiry I found that she had had a criminal abortion performed. I examined her under ether and found a large boggy uterus with a foul smelling discharge from the cervix. I curetted the uterus wiping out the cavity with iodine and carbolic acid, and then packed the uterus with iodoform gauze. Her husband suggested that I remove her appendix while I had her anesthetized, which I did. In removing the appendix I did the muscle splitting operation and did not do any exploring, as I was anxious to get her back to bed. Following the operation she did not do very well, the temperature stayed up, the pulse was rapid and she complained of considerable pain in the pelvis. Three or four days later I examined her and found an indurated mass in the cul-de-sac of Douglas; this was opened at once (in the manner described in the other cases), there was an escape of pus, the cavity was explored with the finger and all adhesions broken up; the usual two drainage tubes were put in and she was put to bed in the Fowler position, with ice caps on the abdomen; still she did not do well. I removed the drainage tubes in three or four days and found the adhesions had walled off all around them and that there was a collection of pus on either side. Becoming somewhat worried about the condition she was in and having in mind the other cases, I concluded that I would have another siege on my hands, so had her removed to the operating room where I broke up the adhesions on both sides, liberating an accumulation of pus. She was again put to bed but did not do as well as I would expect, and I was becoming discouraged. I made a careful search of the literature to see if anything was suggested that I had not tried and noticed in the chapter of pelvic abscess in Kelly's Operative Gynecology

Digitized by Google

where he recommended opening the vagina with a scissors, then to introduce a uterine dialator and tear out the whole vault and pack same with iodoform gauze, pulling out a couple of inches of gauze each day, so as to let the cavity heal from the bottom. This suggestion I immediately put into practice and her condition began to improve and in ten days or two weeks she was able to leave the hospital. One year and two days later she called at my office and said, "There is something growing in me, as my abdomen is getting very large." Upon examination it was very evident that there was a growth of some kind in the abdomen, possibly cystic in character. I operated upon her the next day and found a large ovarian cyst on both sides to which the intestines were adherent. The intestines were disected loose and the cyst, together with the tubes on both sides, were removed. She made an uneventful recovery and has remained in good health ever since.

Case No. 4. Miss N., age 19 years.

From her I gained the following history:

She had been out with older girls one evening, who had her meet a man they brought along for her. She was induced to go into the cafe of one of our leading hotels and was pursuaded to drink a cocktail. After that she was not accountable for her actions and was induced to stay all night with her new friend. One week later she noticed a vaginal discharge and some pain on urinating, and noticed also that she did not menstruate at the regular time. Her condition began to alarm her and she insisted that her friends take her to a doctor. I made a careful examination of her condition—the pus from the urethra showed gonococci and on the cervix of the uterus was a large chancroid which was eating its way into the cervical canal. I put her on treatment for the gonorrhea and cauterized the chancroid, but it continued to get worse and I told her that it would be necessary for me to use the actual cautery and for her to notify her parents—as I thought she was pregnant and that an abortion was inevitable from the way the chancroid was traveling. Her father called upon me the next day and I advised sending her to the hospital and asked for counsel as to the advisability of cleaning out the uterus. My counsel after seeing the case advised against it, as they said "she is going to abort any way and we would not advise you to interfere." So I accordingly cauterized the chancroid with the actual cautery and put her to bed and had her irrigated three times a day with 1:4000 permanganate solution. She aborted a few

Digitized by Google

days later and seemed to do well and after keeping her in bed for a week, I deemed it permissible to send her home, but told her to keep up the douches. About a week after she went home I was called to see her and found her in bed with a high temperature—rapid pulse and complaining of pain in the pelvis. Upon examination I found a mass posterior to the uterus. She was removed to the hospital, where I opened behind the uterus and packed according to Kelly—that is, by using the dilator to tear open the vault of the vagina and packing with iodoform gauze—and after the gauze was removed, which took about a week, tampons saturated with 10 per cent ichthyol and glycerine were put in the vagina and allowed to stay over night and a 2 per cent carbolic douch was given twice a day. She got along very well after this except a little pain in the ilio-sacral joint.

These cases to me have been very instructive, as they all appear to differ somewhat in their etiology, and the fact that they all got well under the treatment outlined above has been a great pleasure to me. I purposely reported these different complicated cases and their management, as the ordinary pelvic inflammation will get well in a week or ten days without anything other than simply opening and draining.

The Mortality and Morbidity of Puerperal Sepsis.

*By PALMER FINDLEY, M. D., Omaha.

As president of the Obstetrical Society of London, in 1898, Dr. Cullingworth expressed the opinion that there is no obstetrical or gynecological subject that can compare in importance with the question of undiminished death rate from puerperal fever.

With the establishment of maternity hospitals, notably those of Paris and Vienna, the ravages of puerperal sepsis became so appalling that public sentiment was aroused and a demand was created for the closure of these institutions. In the Maternite of Paris, in 1864, the mortality reached 57 per cent more than half of the parturients of this institution died of infection and a large per cent of the remaining number were infected. At this time the mortality outside the hospitals was 1 in 212 deliveries. The contrast was so apparent to the public, as well as to the profession, that the matter became a scandal. It was at this time that Hervierx wrote: "The puer-

---

*Read before the Nebraska State Medical Association, Lincoln, May 7-9. 1912.

Digitized by Google

peral epidemics are to women what war is to man. Like war they destroy the most healthy, the bravest, and the most useful portion of the population; like war they take subjects in the flower of their age and spread terror and desolation throughout the territory which they devastate. It belongs to politics to preserve us from the calamities of war, but to medicine is reserved the task of preventing and doing away with such epidemics."

Boehr, a Prussian authority of this time, estimated that 18.58 per cent of all deaths in both sexes, between the ages of 25 and 30, were due to puerperal sepsis; that every thirtieth mother in Prussia would die a victim of this scourge.

Lusk observed an epidemic in the Bellevue hospital in 1872 in which there was a mortality of 18 per cent, an incident which led to the removal of the institution to Blackwell's Island. The death rate continued to run as high as 10 to 15 per cent whereever there were maternity institutions, until Semmelweis, Pasteur, Lister and Wendell Holmes made known the essential cause and the means of prevention of puerperal sepsis. No sooner had the profession in general adopted the suggestions of these men than the mortality was rapidly lowered to a fraction of 1 per cent. Such was the experience in maternity hospitals, but in private practice the results were by no means so encouraging.

I quote Lea of Manchester, England, who says: "Indeed it is not too much to state that in hospitals and in the private practice of surgeons, septic infection has been almost entirely abolished, but this, unfortunately, cannot be said of obstetric practice in general."

Byers, in his address to the Carlisle Medical society, said: "It is, indeed, a terrible blot upon our obstetric art that, while within the memory of many of us puerperal fever has been banished from maternities in which formerly it was so prevalent, the same good results have not followed in general practice.

Williams says that in private practice it is doubtful whether the results are better today than they were before the introduction of antiseptic methods, for the reason that the doctrines of asepsis have not yet permeated the rank and file of medical men, much less of midwives, to whose care is committed a very large proportion of obstetrical cases.

Playfair writes: "It is a painful and not very creditable

Digitized by Google

fact, that mortality from puerperal septic disease has not diminished in private practice as it has in public institutions."

Clarence Webster says: "As regards private practice, it is doubtful if there has been much diminution in mortality, either in Europe or America. Boxall finds the death rate about the same in the English counties as it was before the antiseptic era."

I apprehend that few, if any of us, are prepared to accept these statements of eminent apthorities and it is in view of ascertaining the truth of the statement that puerperal sepsis has been reduced to a minimum in lying-in hospitals, but that in private practice there has been little or no reduction, that I have reviewed a large number of records published by the hospitals and public health departments in various parts of the world. First of all, I was impressed with the unreliability of statistics at all times because it is conceded that many cases of puerperal sepsis never go on record as such. But comparing the reports of one decade with another the deductions were found to be of considerable value. For example, in England and Wales during the four years of 1904-7, there were 3,728,435 recorded births with 6,493 deaths from puerperal sepsis; an average of one death in 460 deliveries or 1.8 per thousand. While in the fifteen preceding years the death rate was 2.15 per thousand. When we look to the geographical distribution of these cases we note that the mortality was greater in the cities than in the rural districts, due to the unsanitary conditions of crowded tenement districts and to the unskilled attendance on the part of physician or midwife.

In Germany the death rate from puerperal sepsis is about two per thousand, which is a marked reduction over former years; there being a decrease of 25 to 30 per cent in the last twenty years. In Germany, as elsewhere, the percentage is higher in the country and in the congested districts of cities.

We find very convincing argument for aseptic and antiseptic methods in obstetrics in the mortality statistics of maternity hospitals. We have seen that the mortality would occassionally reach as high as twelve to fifteen per hundred in maternities before the days of antiseptics; now it is but a small fraction of 1 per cent. It is a not uncommon experience to deliver thousands of women in maternities without a death from puerperal sepsis. In the York Road Lying-in Hospital of England there were 8,373 deliveries without a death from sepsis. Mermann reported a series of 1,200 cases occurring in the

Digitized by Google

Mannheim Lying-in hospital with no deaths from sepsis. Again in the Basle Maternity hospital there were 6,000 deliveries without a death from sepsis. Ahlfeld had one death from sepsis in 8,000 deliveries and in this case the woman examined herself after delivery.

Before the introduction of antiseptics into the obstetric practice of the New York Maternity hospital the mortality from sepsis ranged from 7.17 to 20 per cent. Antiseptic treatment with bichloride of mercury was introduced in 1883 and in the three months following its introduction there were 102 deliveries with no death from sepsis—a circumstance which then appeared almost miraculous, but which is no longer exceptional. In the three years of 1891, 1892 and 1893 there were 1,059 deliveries with no deaths. Garrigue says that prior to the introduction of antiseptics into this institution the morbidity from puerperal sepsis was about 25 per cent, but after the change in treatment a sick puerpera became a rare sight in the wards of the maternity.

In the Rotunda Hospital of Dublin in 1870-76 the mortality from puerperal sepsis was one in ninety-one deliveries, while in 1890-96 it was one in 908 deliveries.

A study of the records of maternities shows that in nearly every instance of death from sepsis the case was either delivered in the home or there had been more or less interference before entering the institution.

In the continental countries from 60 to 80 per cent of women are delivered by midwives. This is undoubtedly a prime factor in the causation of puerperal sepsis. But it is apparent that puerperal sepsis is yet too prevalent in the hands of medical men. Allowing for unfavorable conditions in the home, which are not under the control of the physician, there are many factors which contribute to septic infection which the physician often disregards. The physician is often called when labor is in progress and finds an ignorant, meddlesome woman has already worked mischief. The house may be poorly ventilated, the patient dirty, the linen soiled. The labor is terminated as best it may and the parturient proceeds with her puerperium under equally unfavorable conditions. A fearful handicap to the physician in private practice!

When we come to a consideration of the morbidity of puerperal sepsis we are confronted with a most difficult task inasmuch as these cases do not go on record outside of well organized maternities. Any one who has had any considerable ex-

Digitized by Google

perience in gynecological practice finds that at least one-third of cases suffering from pelvic inflammation are the result of puerperal infection. In not a small proportion of these cases the patient is not aware that she had suffered from child bed fever. Many of them were not visited by their physician after the confinement. A temperature of 100.4 F. has been arbitrarily accepted as evidence of infection. It is a surprise to note that 10 to 15 per cent of inmates of our best maternities attain a temperature of 100.4 F., or higher at some period in the puerperium and hence are regarded as infected. These cases include those which were infected before being admitted to the hospital. The majority of these cases suffer no serious consequences. The morbidity among patients delivered in their homes can not be estimated, but it is conceded to be far greater than in maternities.

If these statements are even approximately true we must regard them as a serious indictment against the general practitioner who through ignorance or indifference fails to safeguard his obstetric patients by means which are clearly at his disposal.

In view of the fact that there is still a high rate of morbidity from puerperal sepsis in maternity hospitals we are bound to admit that we have not fully mastered the problems of asepsis in obstetric surgery. Infection may arise in spite of the most rigid enforcement of every known precautionary measure. The explanation probably lies in the presence of numerous micro-organisms in the vagina under normal conditions. We, therefore, have to do with the behavior of these organisms under varying conditions and with the problems relating to the immunity of the parturient and it must be admitted that we have not as yet mastered these problems. Hence it follows that there still remains an uncontrolable risk from infection. Lea says that the unavoidable infections should not be greater than one in a thousand cases which is about half the present average in modern maternities.

Let us consider briefly some of the factors which predispose to infection and which are not always given the consideration they deserve at the hands of the general practitioner.

1. Disinfection of the Hands—The mechanical cleansing of the hands with soap, water and brush followed by the application of alcohol has been generally accepted as sufficient for practical purposes but in my judgment the use of sterile rubber gloves will materially diminish the percentage of infection. Permit me to add that it is one thing to thoroughly disinfect the

Digitized by Google

hands and to adjust sterile gloves to the prepared hands but it
1391—Medical Review—Douglas Ptg. Co. —3
is quite another thing to keep the hands sterile to the end of the obstetric service.

2. Preparation of the Field of Operation—There has been much prejudice againts shaving of the vulvar hair and the thorough scrubbing of the vulvar surfaces but I am convinced that these prejudices have stood in the way of progress in private obstetric practice. The vulva must be regarded as a possible source of infection and therefore should be prepared as for operation.

3. Vaginal Doughes should not be given unless the secretions are abnormal or operative interference proposed. It has been conclusively demonstrated that puerperal morbidity has not been lessened by the routine practice of giving vaginal douches in normal labors.

4. Environment—The environment has much to do with the subject in hand but unfortunately the physician often has but little control over the conditions which surround his patient. Hence it naturally follows that greater risks are taken in private homes than in well ordered maternities. Poor ventilation is undoubtedly a factor. It has been shown that puerperal infection occurs with greater frequency in the winter months when ventilation is often inadequate.

5. Cathartics—The practice of giving cathartics shortly before labor is an added danger. Movements of the bowel during the course of labor is likely to lead to infection of the genital tract.

6. Unnecessary Operative Interference—The introduction of anesthesia into obstetric practice has encourages operative interference to an unwanted degree. It is estimated that 40 per cent of puerperal sepsis occurs in operated cases.

7. Unnecessary Vaginal Examinations—The practice of making repeated vaginal examinations in the course of labor seldom serves a better purpose than the gratification of the curiosity of the physician. In a normal case it is not necessary to make a single vaginal examination and if this rule were to be rigidly adhered to I am convinced that the percentage of morbidity and mortality of puerperal sepsis would be materially reduced.

8. Untimely Surgical Intervention is not infrequently responsible for the spread of infection through the genital tract, leading to invalidism and death. There is a very restricted field

Digitized by Google

for surgery in the management of acute puerperal infections. The removal of retained placental tissue, the drainage of pelvic abscesses per vaginam and abdominal drainage where general suppurative peritonitis exists is about the limit of surgery as applied to acute puerperal infection. Were the use of the uterine douche and curette more restricted there would be less invalids and fever deaths from puerperal sepsis.

Referring again to the oft repeated statement found in the literature that puerperal sepsis has been all but banished from our modern maternities while in private practice there has been little or no reduction I will say that the statement will not bear contradiction so far as it relates to our modern maternities, but I am not prepared to credit the statement that "in private practice it is doubtful whether the results are better today than they were before the introduction of antiseptic methods." The older members of our profession will recall ravages of puerperal sepsis in neighborhoods which have probably never been witnessed of late years. In the preantiseptic days maternities were veritable hot beds of infection. The wards were poorly ventilated, infection was readily carried from patient to patient by doctors and midwives who knew nothing of the infectious nature of these cases, much less did they know how to avoid spreading the infection. In those years the morbidity and mortality of puerperal sepsis in private practice did not approach that of the maternities. But rigid antiseptic and aseptic methods were introduced into these institutions with the result that puerperal sepsis has been all but banished from them. And it may be safely affirmed that were these rules as rigidly enforced in private practice as they are in our modern institutions the results would be as good or better than they now are in maternities.

I believe that as a rule the general practitioner is putting into practice these well established principals which have been so well worked out in our best institutions but we are forced to admit that puerperal spesis is a preventable disease and could be more nearly controlled were the profession to more rigidly enforce the rules governing the conduct of their obstetric cases.

"It's mighty little throubles me,"
Says Pat, "whin the well runs dhry.
Doc says I have wather upon me chist,
A weepin' sinew upon me wrist,
And a cataract in me eye.
What mathers it thin if the rainfall is slack?
Since wake before lasht, I've a crick in me back."—F. L. Rose.

Digitized by Google

Shall Medical Knowledge Concerning Infectious and Contagious Diseases be Given to the Public, and How?

*By H. L. WELLS, M. D., West Point, Neb.

We shall answer this question in the affirmative and bring forth some argument to sustain this answer. I realize that there are some who will agree with this paper in its entirety; others will only agree in part; while others will be opposed to the whole scheme. We also admit that the question is a debatable one. Neither do we expect at this time that a unanimous consent will be given to begin a campaign for medical publicity, looking toward this branch of preventive medicine.

Without fear of contradiction, we assert, that never before in the history of the world has the art of medicine been so scientifically practiced; that never before has the profession been so richly endowed with the means for removing the cause of disease and thus to relieve the suffering and misery of an afflicted race; never before have so many men given their lives to the promotion of medical science.

Indeed, as we pause for a moment and look backward upon this panorama of medical research, we are amazed at the marvelous progress of recent years. They have proven the germ theory and developed antisepsis; they have standardized serum therapy; the vaccines, and a great multitude of other valued remedies. In fact the conscientious man of today feels the blush of shame upon his brow because he has neither the time, nor the means, to devote to yearly post. work and to all the richly endowed and voluminous literature of the day, so that he can say in the fullest meaning of the term, "I am up-to-date."

The thought of the day has been toward a specific for all disease following the line of the greatest resistance. May its shadow never grow less.

Yet, death is in the world and the spoiler among the works of the Almighty; and we repeat with the sage, "All that is born must die." Death claims its thousands and disease its tens of thousands.

We have all stood beside the bed of that beloved child, or that young woman, or that young man, together with the members of the grief stricken family and watched that young soul slowly but surely passing out to Him who gave it—powerless

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1913.

Digitized by Google

to stay the cruel hand of death. Did the thought ever come to you in such an hour—dare I give it form of expression? Oh, you mighty men of science, of what avail is your skill? This is the hour when we feel the need of that specific; this is the hour when all skill and all science seems to mock us; this is the hour when the eyes of the sorrowing friends speak a more numerous language than tongue or pen.

Did that companion thought ever come to you in such an hour? "Why could not these lives be extended to the three score and ten?" Why could not danger signals be erected? Why could not the understanding be illuminated with that brilliant light of knowledge to guide these young souls safely over the sea of life?

We believe that an ounce of prevention is worth more than a pound of cure.

We most emphatically believe in more research work; in more intensive study of disease than ever before; but we also most emphatically believe that the practical benefits of this research work and this intensive study should be reduced to a language that could be understood by the public and taught to them if we are to receive the full measure of reward in preventing disease.

We believe that the organized medical profession of this state and other states and of the nation, owe a public debt long past due, against which we should now create a sinking fund without delay.

We believe that the public has not the correct view of disease because they have not had access to the proper literature and the right teaching.

We believe that the day for action is at hand, if we interpret the symptoms correctly, because the trained minds of the nation are looking more expectingly than ever before toward the medical profession for protection from preventable diseases.

We also believe that medical publicity should be given by recognized authority coming from medical men and not from the layman.

The pulpit and the press led the fight against the great white plague while the medical profession played the minor part.

Commercialism is robbing the public and disgracing the honored name of medicine! Shall we stand idly by and content ourselves with new discoveries in research work without inter-

Digitized by Google

jecting a protest, not only for our own defense but for the protection of an innocent and an unsuspecting public.

Never before in our memory has the press of the day been so overrun with medicinal fakes and the daring claims of the faker! Never before has the home of man been more persistently bombarded by the agents of those hellish cure-all patents with so much commercial success. Never before has there been so many millions of dollars exploited in the production of medical fiction without a protest from the fraud order department of our national government.

Never before has man so hungered for medical truth and received it not. Why?

"Cain where is thy brother Abel?" The modern Cains of our profession also answer "Am I My brother's keeper?"

We beg to quote from the United States Senate Calendar number 651 from the report of the committee on public health and national quarantine submitted April 13, 1912, with recommendation that Senate File number 1 do pass—which is entitled, "A bill to Establish an Independent Public Health Service and other Purposes." This is the bill, you will remember, which was endorsed by the committee of One Hundred of the American Association of Science and also by the American Medical Association * * * * We quote from page 6 of this report —"Human life could be prolonged on an average, to our entire population, of 14 years in the United States if the people were properly informed in self-preservation as was demonstrated in the report of national vitality." * * * "The annual death loss in the United States is approximately 7 to the 1000 in excess of what it should be under improved conditions, making an unnecessary loss of life in 90,000,000 of people of approximately 630,000 men, women, and children annually, whose lives ought to be saved." * * * "In the camps during the Spanish war there were over 19,000 cases of typhoid fever with a loss of 1460 of the finest young men in America, nearly all of which was preventable."

"The committee further reports that the preventable deaths in the United States were caused by polluted water, impure and adulterated foods and drugs, foul air, bad ventilation, ingnorance of health laws, of hygiene, of exercise, of foods, and of self care, and to epidemics and various preventable diseases, such as tuberculosis, typhoid and malarial fevers."

From these statements we desire to draw conclusions.

It is not the purpose of this paper to loosen a single stone

Digitized by Google

from the foundation of this, the grandest of all professions; but we would urge that we build stronger and higher than before and make this profession more attractive and more useful for the peace and happiness of the people.

We would establish a bureau of publicity in every state in the Union under the authority of organized medicine, nor would we wait for precedents before so doing.

We recommend that today be made one long to be remembered in the history of this association, because we have put ourselves on record in favor of a campaign of instruction to prevent disease and assume the leadership which of right is expected of us.

Our state supports institutes and schools of instruction in Agriculture and Animal Husbandry,—would it be asking too much of the state to do something for the prevention of those contagious and infectious diseases of the human kind, whereby, according to statistics, the average death rate could be extended 14 years?

How? By means of the lecture platform and the press of the state.

Patriotism and love for humanity ought to eliminate commercialism from this scheme and unite the thinking people of the state into a working force that would overwhelm all opposition.

Agitation without a solution is cowardly. We would therefore suggest that the state board of health be constituted the proper authority to bring this scheme to a successful issue; clothed with the unanimous endorsement of the state medical association of Nebraska.

They could organize the county medical societies into a working force—they could interest commercial clubs and all other kindred organizations—they could enlist the talents of our universities, and draw upon the profession. Judging the future by the past the pulpit and the press would also offer again their valued services in this cause of humanity.

Further, our national government is about to pass legislation with this same object in view. Let use have a recognized authority to receive and to assist in the distribution of this practical knowledge which has lain all these years, so to speak, in cold storage.

What are you going to do about it?

Ethics of the profession has prevented individuals from acting,—does it prevent this association also?

Digitized by Google

The country physician more surely than the city physician feels the competition of the advertising quack, without the power to expose or counteract the influence; our remedy, I believe, lies in medical publicity as already suggested.

DISCUSSION.

Dr. McConaughy, York, Neb.:

Mr. President: This paper may not be scientific, as the Doctor says, but it is practical and sensible, and I believe such papers have a place in our scientific meetings. Of course we understand that the matter of publicity is coming up before us now. In the matter of school inspection for the purpose of examining pupils and instructing them or their parents in regard to certain diseases, the matter of instructing teachers that they may take note of symptoms of contagious diseases, and all that kind of thing, has already come up and we have school inspectors in the larger cities especially, and the matter is being agitated even in the smaller towns and it became somewhat of a political question in York this spring. We have a doctor there, a man who calls himself a doctor—an osteopath—who said that if neither of the old parties nominated him for a place on the school board he was going to run independently for the very purpose of breaking down this publicity and this matter of school inspection; and yet he claims to be conserving the health of the people. Well, the republican party did not nominate him; the democratic party did not nominate him, but one of the candidates on the democratic ticket declined to run and they put him on to run, and he ran pretty far behind and got left.

Dr. Sutherland, Grand Island, Neb.:

I may not be discussing this paper along the line that the essayist intended, but as to the extent of this publicity is the point that I wish to take up. When we know what we as physicians, in the practice of our profession, when we become acquainted with young men who are infected with the venereal diseases and we know they are so infected and their mode of living, that they are practically incurable, have we a right to protect the young ladies with whom such men associate? The way the law is at present we have to be very careful or the first thing we know we find ourselves in the condition that Dr. Playfair was, and until the laws are so amended that the physician who is attempting to protect the health of the young women contemplating matrimony, we dare not place such diseases in the category of those exposed to publicity. It is not safe. There are too many attorneys that are ready to take up a suit against you. Those are questions that in time will have to be worked out. If they are not, then gynecology will continue to increase, children will be born with ophthalmia, with its baneful results; insanity will stalk along unhindered, and we as physicians will feel that we have been defeated—that is, we have not taught what we would because we are in no position to carry out what we know between man and man to be right.

Dr. W. O. Henry, Omaha:

I feel that the Doctor has touched upon this subject just about the right time. I think he has done well, as his name is "Wells," to bring this before us in an emphatic way. Of course we are all familiar with the history of medicine and we know that it has been unprofessional since the days of Hypocrates for the medical profession to let the general public know very much about its business—know very much about the public health, and it is only the last few years since we have been agitating publicity. The daily papers, the weekly papers, even our religious papers, I am ashamed

Digitized by Google

to say, and the magazines, are filled with advertisements of medical nostrums and medical men and medical devices, and the poor innocent public are imposed upon largely because of their ignorance, and their ignorance results from the fact that the medical profession has not done its duty to enlighten the public. Now, of course, the question how to enlighten the public is a large question. The Doctor suggested one method. Our newspapers have these advertisements the doctor referred to and the people read them, and you know how easy it is for people to say, "Now, that is just the way I feel myself, I am affected just that way, and if this doctor has cured all these people he can cure me, too," and so the newspapers are filled with these false reports and we have not done anything to prevent, we have not done anything to enlighten the people. My thought has been that we ought to have a publicity committee connected with our state medical society with subdivisions in every county, and medical facts should be always put before the people backed up by the authority of that committee that these are the facts, backed up by this association. Those of us who read the medical journals will remember how much has been done to enlighten the profession, but it does not reach the laity. But suppose those same facts were blazoned in the country papers every week or every month by the authority of the Medical Association of the State of Nebraska, don't you see that in three or four years we would have an enlightened public that would say, "Let us see what the medical profession says about that before we take it up." I am opposed to bringing suits to put mal-practitioners out of business, I am going to fight that till I die. But to enlighten the public is a different thing and as soon as the people see that this is not a humbug and that the medical profession says it is going to enlighten the people, this is the line that I think will result in the most good.

Dr. Wells, closing:

I believe in doing something if this is a living, vital question. There is no better time than today to speak upon that subject emphatically by the State Medical Association of Nebraska. I am going to move, therefore, that this question, for further investigation, be referred to our committee on publicity and legislation which includes a state inspector and a lot of other members of the state board of health.

Motion seconded by Dr. Henry and carried.

Iodine Sterilization In Its Application to General Practice.

*By F. A. LONG, M. D., Madison, Neb.

Few, if any, papers are read before this association with the idea of giving the members something new. This body is not for original research or experimental work; it is a gathering of general practitioners and specialists to exchange ideas, report interesting cases, and to get in touch with other members of the profession. A well known fact, or an idea we have already possessed, may become more impressive viewed from another physician's standpoint.

The thought I have to present to you, pertains to the newer use of one of the older remedies.

The antiseptic and stimulating properties of iodine were

---

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

recognized very early, and the use of tincture of iodine was recommended time and again.

The newer use of tincture of iodine as an antiseptic and germicide in surgical technique dates back to 1908 when Grossich announced that simple painting of the skin with tincture of iodine without previous preparation whatever, fulfilled all conditions, and its use is apparently becoming a standard, if we are to judge by the increasing number of articles on the subject.

Apparently convincing tests have shown, that fresh tincture of iodine will sterilize the skin down through the deepest layer in seven minuites, and it is the only antiseptic possessing sufficient power of penetration to sterilize the deeper layers of the skin, and that it does not destroy the vitality of the tissues and especially those whose resistance has been lowered by traumatism and infection.

It appears that the ordinary tincture of iodine of the pharmacist's shelf is an unstable preparation, because iodine rapidly changes after about the first week by the development of hydriodic acid which is about as irritating as hydrochloric acid. Iodide of potassium is needed to make a stable tincture of iodine: hence the compound tincture of iodine. It may be well to recall that tincture of iodine is made by adding an ounce of iodine to a pint of alcohol. Compound tincture of iodine is made by adding half an ounce of iodine and an ounce of iodide of potassium to a pint of alcohol.

In practice it is recommended that the tincture be made fresh when needed, and it is suggested that 40 grains of iodine be carried in a tightly stoppered vial and that when needed the ounce of alcohol be added. This makes approximately a 10% tincture, which is the strength recommended.

The special feature of iodine sterilization to which I desire to call attention is its applicability to the treatment of all emergency wounds and skin infections. In some respect this treatment seems to be ideal, and if the surplus is wiped off or flushed off so that the surface is a dry brown there are no symptoms of poisoning.

The technique of its application is worthy of special note. The directions given by Reclus are here quoted: With a small gauze sponge held in the grasp of forceps, a part of the same impregnated with tincture of iodine, every recess of the wound is coated over, every crevice must be sought out, at the expense of enlarging the wound if necessary, that not a millimeter of surface may remain untouched. Next the roughened surround-

Digitized by Google

ing skin is treated the same way. Do not imagine that soap, water and brush in addition to the above will give a better result. Experiments show that tincture of iodine is more effective, penetrates more quickly and more deeply, when the skin is dry and has not been in contact with ether, benzine or chloroform. Preliminary soap and water interfere still more. Where shaving is necessary, dry shaving must be done. The wound should first be dried with sterile gauze, and the iodine should not be slopped over and allowed to trickle down. At the conclusion of the operation any excess of iodine may be washed away with alcohol. A lacerated greasy hand such as happen to men who follow threshing machines, and corn shellers for instance, is treated by this method by first drying the wound as well as possible with dry gauze, trimming away only skin and other tissues the vitality of which is plainly destroyed, and then without any washing, the freshly made tincture of iodine is applied to the wound and also to the surrounding skin, great care being taken to absorb any excess of iodine from cracks and crevices and folds. Dress with simple gauze and a light cotton dressing without any impervious covering. Remove dressing in 24 hours and again apply iodine to all recesses of the wound, and after drying, again apply gauze and cotton dressing. Repeat this daily until all oozing ceases, after which dressing is changed every three to five days. If secretions collect under desquamating skin or under crusts, remove such skin or crusts and again apply iodine to the surface.

This treatment is also especially applicable to the treatment of the skin infections we so often see in threshers, corn huskers, harvest hands and others, in which one center of infection, one boil or abscess, is followed by a crop of others within a limited zone. The essayist knows of no treatment superior to this in the treatment of these very annoying infections. Lance the abscess, open the little yellow pimples, absorb the contents with gauze, apply iodine to the whole area, and apply a light dressing.

This paper is intended to be merely suggestive, and I shall not bother you with much detail.

The special advantages of this method are, that it is available under unfavorable conditions, without special preparation, can be carried out in a few seconds, is effective in a few minutes, can be used in every variety of wound or operation, its efficiency is absolutely sure, the technique is simple, and it is humane.

Digitized by Google

Nebraska Tuberculosis Hospital.

*By LESTER M. STEARNS, M. D., Kearney, Neb.

Mr. President and fellow practitioners of Nebraska Medical Society:

My object in coming before you is to present to your consideration the subject of the New State Tubercular hospital at Kearney. The site of the hospital is located about one and one-fourth miles west of the business section of Kearney at the foot of the bluffs overlooking the town and the Platte Valley. The altitude is aobut 2,000 feet. The buildings and grounds of eleven acres were purchased by the state for $24,000.00 during the latter part of the past year of Dr. Grothan of our city. It had previously been used first as a residence, then as a sanitarium. The building is a brown sandstone, and tile roof—three stories with full basement.

At present the main floor is used for office, dining room, kitchen, nurses' room and general reception room. The second floor is used for private room patients, nurses' rooms and a general laboratory and drug room. The upper floor has much the appearance of a large tent with few partitions, windows wide open all the time and contains store room, service room and two wards, one for each sex, while the large hall is used temporarily for a dining room.

There is in the course of construction a pavilion built to accommodate about forty patients, located about seventy-five feet north of the main building, with a south exposure of nearly 300 feet, with a brick foundation and a frame superstructure. The center of this building is two stories. The main floor contains the reception room, dining room, drug and linen room and kitchen, while above these is a general assembly room for entertainments, social gatherings, etc.

To the east and west of this central building extends the wings, containing sleeping apartments and sun porches—one side for men patients and the other for the women.

The building will contain every modern convenience. Complete this will cost the state about $15,000.00.

The purpose of the institution is to take care of cases of pulmonary tuberculosis dependent on the state. However, those who can afford it are charged a fee of $50.00 per month. Charity cases are required to have a certificate from the County Commissioner and one from their physician, stating that they

---

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

are suitable candidates for the treatment. The application blanks are furnished on request.

Certain requirements in regard to clothing must be complied with, washable clothes and slippers, night caps, etc.

The attending physician is required to fill out a blank, stating the exact condition of the patient he is sending to the hospital for treatment.

Careful records of each case are kept. Temperature, pulse, respiration, etc., are taken three times daily, oftener if required.

Weight is recorded each week. Systematic periodical examination of the sputum, feces, blood and urine are made, and a record kept of same. General physicial examination is made of each patient once a month, oftener if the case demands.

In regard to the treatment, hygienic measures are taught from the beginning and the general education of the patient along this line is encouraged. Every one is taught that tuberculosis is a curable disease and in cases where there is marked depression, it seems to change the general atmosphere of depression to one of a brighter view.

The diet is of a general nature, far better than the average of institutional kind and supplemented with plenty of butter, eggs and milk, all of which are home grown.

In regard to medicinal treatment, there is none beyond treating symptoms as they arise; for instance, tonics for the anemias, sedatives for cough, etc., etc.

Regularity of living is enforced, rest after meals—exercise in open air for those who can stand it.

In regard to the statements made in the newspapers recently concerning our institution by some of the patients who left us, I will say that they are without any foundation whatsoever, as our records will show. It is true that things are not like they will be when we get our new pavilion and can accommodate them in better quarters—but each and every one knows that they were given to understand, when admitted, that they would receive the best we had under the circumstances.

It is also a remarkable fact that those who received free treatment (and by the wav fattened up on the state) were the kickers, and those who paid for their treatment, which was idetical in every respect, appreciated it to the bottom of their hearts, as was evidenced by their gratitude toward the nurses in charge.

Digitized by Google

The authorities in charge of the tuberculosis hospital extend to the profession a cordial invitation to inspect the institution at any time.

LESTER M. STEARNS,
Attending Physician.

Kearney, May 1, 1912.

Note—The pavillion was completed the first of August and the patients are now occupying the same. I might add also that special apparatus has been installed for the exercise of the respiratory muscles, and those that are strong enough are encouraged to use it systematically. After seven months trial of tuberculin its use was discontinued. It was deemed an unnecessary expense and little or no benefit has been noted from the use of it.

Applications for admission may be made to Mrs. Pearl F. Barker, Superintendent or myself.

Periostitis Detected by X-Ray.

By A. F. TYLER, B.Sc., M. D., Omaha.

The subject of periostitis is not only an interesting one to the therapist but to the diagnostician as well.

There are two types of inflammation of the periosteum which we wish to present at this time: (1) Traumatic and (2) Syphilitic, which is divided into (a) hereditary and (b) acquired. The traumatic form is most often seen when one receives a kick or a blow on the shin. Here the bone is so near the surface that any trauma produces injury and inflammation to the covering of the bone. The site of attack becomes red, swollen and very tender to pressure. If the finger is passed lightly over the affected area a slight elevation can be detected corresponding with the shadow found in the radiograph. This type of periostitis disappears under rest and protection. Figures 1 and 2 illustrate a traumatic periostitis in an unusual site, the posterior and lower surface of the os calcis. Figure 1 shows the normal heel and figure 2 the affected heel of the same individual. The only complaint was pain on walking. There was no appreciable swelling but tenderness on pressure was present. The radiograph cleared the diagnosis.

In the traumatic cases one can usually elicit a definite history but in the hereditary type of syphilitic periostitis this is not so easy and even in the acquired form it is often impossible to get the correct history till the patient is faced with the radiograph. Figure 3 shows a typical case of hereditary syphilitic periostitis in a boy of seven. No history was obtainable from the mother, but the pain was worse at night, the leg ached till the boy would only walk when forced to do so. The

Digitized by Google

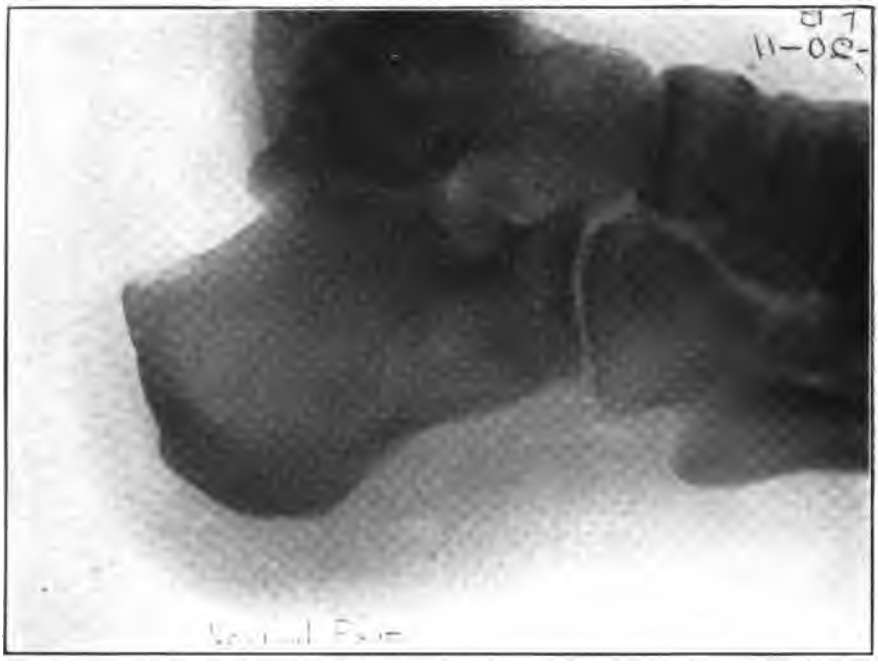


FIGURE 1—Normal foot in same individual as Figure 2. Note smoothness of all joint surfaces and posterior and lower borders of Os Calcis.

FIGURE 2—Radiograph of foot, showing periostitis of Os Calcis in upper portion of posterior border and on lower border, due to trauma.

Digitized by Google

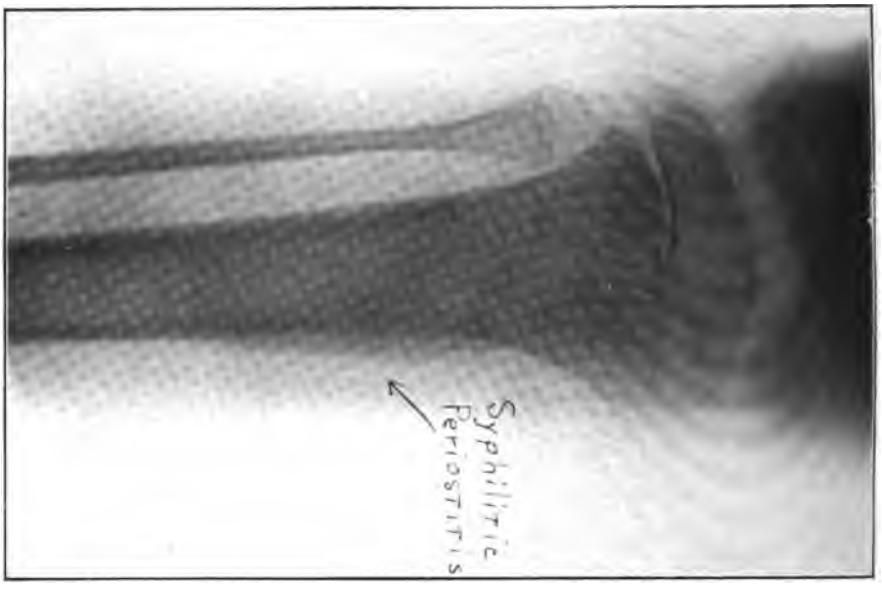


FIGURE 3—Radiograph of tibia in boy of seven years, showing hereditary syphilitic periostitis on inner side of Tibia.

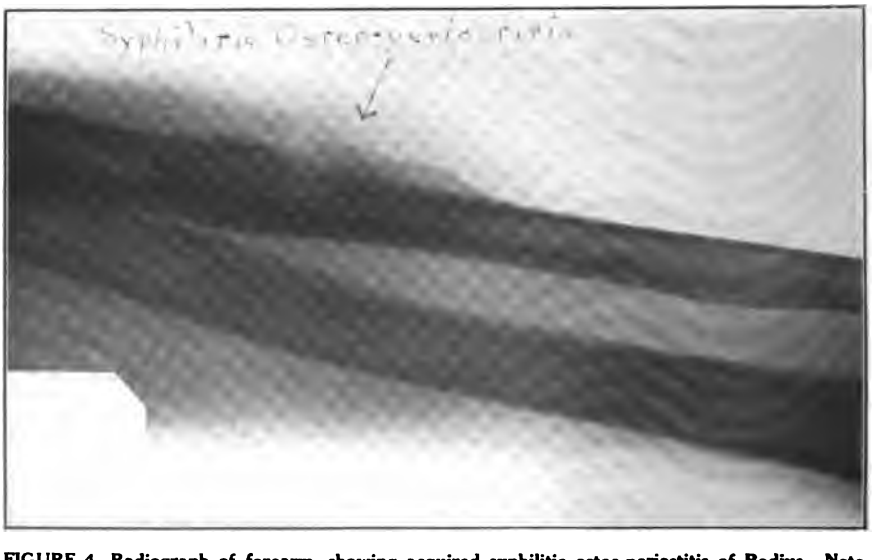


FIGURE 4—Radiograph of forearm, showing acquired syphilitic osteo-periostitis of Radius. Note involvement of bone causing an osteoporosis.

Digitized by Google

hair and color of the skin warned the observer to look out for syphilis. Typical Hutchison teeth were also present. The radiograph confirmed the diagnosis and revealed to us that the periosteum alone was involved. Note the symemtrical somewhat fusiform shadow on the side of the tibia. A course of anti-syphilitic treatment combined with rest gave a beautiful result.

In strong contrast to the picture shown in figure 3 allow us to present in figure 4 a case of acquired syphilitic osteoperiostitis of the radius. The history was easily obtained in this young man but the severity of the case led us to seek all information obtainable, for not only was this radius involved, but the opposite elbow and both knees. Although no cultures were obtained from the joints, it is our opinion that this patient had a mixed infection, a syphilitic osteoperiostitis of the radius combined with a gonorrheal arthritis of the elbow and knees. The history, symptoms, radiographs and result of a combined treatment point to the double infection. The results in this case were much less brilliant than in the boy with the hereditary type.

The above illustrations show so clearly the value of the X-ray as a diagnostic aid, giving us a definite idea of the extent of the lesion, showing just what structures are involved and thus making our treatment and prognosis more exact that we are urged to advise every practitioner to make use of it.

In the Same Boat.

Admiral "Bob" Evans was visiting Brooklyn Navy Yard one day when a dispatch was handed him. Not having his eyeglasses he held the paper first far, then near, but couldn't read it. Then, handing it to an old Irish orderly, who was standing by, he said, "Read this for me, my man!" "Oi can't, sir," replied the orderly. "Oi'm as ignorant as yerself, sir."

Pat has been captured, imprisoned and nearly starved by the enemy, and when finally released he was sent home on sick leave.

When he arrived in his home town an old friend happened to be at the depot and called out jovially: "Well, Pat, I see you're back from the front."

"Do ye?" replied Pat, faintly. "Sure, I knew I was pretty thin, but I didn't think ye could see that much."

Digitized by Google

CLINICAL REPORTS.

Ante- and Post-Partum Eclampsia of Mother and Daughter.

Report of two cases of eclampsia occurring in one week, the patients being mother and daughter, living three and twelve miles respectively from town.

Case 1. Mrs. D. (daughter), white, age 20, II-parae, started to have labor pains at 11 p. m., July 2. Before the husband could call in a neighbor woman the child was born. Several hours later she complained of headache and, at 3 a. m., the following day, she became irrational and went into convulsions. I reached there at 9 a. m., July 3rd (twenty-eight hours after labor), she had had five convulsions, and during the last one, which lasted ten minutes, she had bitten her tongue. I found her semi-conscious and restless. Expecting another convulsion I gave her, hypodermically, morphine gr. ¼ and atropine gr. 1-150 which quieted her somewhat. I was not able to get much of a history from the husband. She was married at 16 and has worked hard on a homestead. Previous pregnancies and labors were without event. She rides horseback up until the last day, and the children are born before help can reach her. She is up on the 5th or 6th day and drives to town.

On examination I found the mouth open on account of swollen tongue, respiration labored, pupils equal and somewhat dilated reacting to light but not to accommodation. Heart and lungs normal. The uterus rather flabby and extending just below the umbilicus. There was no sign of any flowing or any discharge. Temperature per rectum 100, pulse 90, full and bounding. Specimen of urine showed sp. gr. 1025, slightly acid; color, brownish-red, no sugar and only a trace of albumin. She passed plenty of urine.

Not knowing just the cause of the trouble, as neither the history nor the physical examination revealed the real pathology and, thinking there might be an autointoxication or infection, I outlined the following treatment. I gave her a hot antiseptic douche, then an enema for the bowels. Getting no results from the enema I put her on calomel gr. 3 in broken doses. I also gave her ergot by month and veratrum. I had to arouse her to give medicine. I stayed there all night and the patient had no more convulsions. She aroused from her semi-conscious condition July 5th, at 8 a. m. complaining of slight headache. She knew nothing of what had occurred or even the birth of the

Digitized by Google

child. I saw her ten days later in town with all three children.

Case 2. Mrs. T. (mother), age 36, VII-parae, in the 7th month of pregnancy, called me July 5th to relieve headache and projectile vomiting. Her family history is negative, except her mother died at 45 of "headaches." Her personal history is also negative, except headaches from which she has been suffering since she could remember. She has used all kinds of patent medicines. The headache had become so severe the last three months that nothing would relieve her. Since July 4th she had been having projectile vomiting.

On examiation I found the face flushed, eyes being almost blind from pain and unable to distinguish objects, with Argyll-Robertson pupils. Lungs normal, heart a little enlarged and the first sound weak but no murmur. Liver normal and pit of stomach somewhat tender. The uterus above umbilicus and not tender. Deep reflexes increased but not the superficial. I did not make a vaginal examination at this visit. I had to give two hypodermics of morphine gr. ¼ and atropine gr. 1-150 about one hour apart before I could relieve the headache. I told them to save a specimen of urine and if there was any change to let me know. About three hours later the headache recurred, and the patient started to have slight convulsions. As I was out in the country they called Dr. Compton of Valentine, and I did not see the patient until the following day. She still complained of headache but had had no more convulsions. I examined specimen of urine which was highly coloored; sp gr. 1028, no sugar, albumin present. The temperature was 98, pulse 80.

I explained her condition to the husband, telling him that I might have to interfere surgically in order to save her life. To this he would not consent. Superstition and ignorance still persist in the country, and it is quite a task for a doctor to educate the people to more modern views. He is forced to be more conservative than his city brother. I outlined the ordinary pre-eclamptic treatment. I gave her a high enema, with fair results; put her in a hot pack, and gave her veratrum by mouth. July 8th I was called again. The headache still persisted, and she had started to flow a little accompanied with labor pains. I made a vaginal examination and found the cervix dilated about the size of a dime. I relieved her headache with morphine. Three hours later real labor pains began, with two slight convulsions about ten minutes apart. I made another vaginal

Digitized by Google

examination and found the cervix dilated about the size of a half dollar. The labor pains becoming stronger and with a little assistance, in a half hour, she gave birth to a three pound living boy. The placenta came 15 minutes later. Congratulating myself that all was well, in less than half an hour she had another slight convulsion and a profuse hemorrhage. I immediately raised the foot of the bed and gave her a douche as hot as she could stand. As she was almost pulseless I gave her strychinine gr. 1-30 hypodermically. She made an uninterrupted recovery.

The two cases are interesting not so much because they both got well, but they represent some of the cases a country doctor meets and the difficulties with which he often has to labor alone. M. H. NEWMAN (Cody, Neb.)

Chances for Doctors in Foreign Lands.

Secretary Robert E. Speer, of the Presbyterian Board of Foreign Missions; Dr. Edward H. Hume, secretary of the Yale Medical School in China, and Dr. Wilfred M. Post, of the American Hospital at Konia, Turkey, told of the opportunities for young American doctors to do good and win reputation in foreign lands at the Academy of Medicine at a recent meeting. Secretary Speer said: "In Persia there are only thirty doctors to 9,000,000 population. In Korea there are only thirty-six physicians to a population of 12,000,000. In Chile there is an average of only one physician to every 3,226 of the population. In Bolivia there is only one physician to every 10,000 of the population. The 5,000,000 South American Indians have not a single physician to care for them.

"Eighty per cent of the children under two years of age in China die. People say that it is a good thing for the population of China to die in such great numbers because this prevents overcrowding. But the density of population in Germany is three times that of China and the natural resources of China, which ought to but have not been developed, are many times those of Germany."

Doctor Hume began by telling that the Chinese had developed certain phases of medicine and surgical knowledge very early, one Chinese physician at least having removed tumors as early as 200 A. D. Jaundice in Persia, he said, was treated by native physicians by hanging a black chicken with yellow legs around the patient's neck.

Digitized by Google

ABSTRACTS.

Bedbugs and Bubonic Plague.

Manning discusses the role which Cimex lectularius plays in the transmission of bubonic plague and of infantile paralysis. He pleads for an annual compulsory municipal fumigation of all human habitations, as effective, not only in poliomyelitis and plague, but in the prevention of all diseases whose virus is present in the blood of the host during the acute stage of the disease.

Vaccination.

Schamberg and Kolmer (Lanset, November 18, 1911) recommend painting the point of inoculation after forty-eight hours with a 4 per cent solution of picric acid in alcohol, stating that this in no way interferes with the success of the vaccination, but markedly lessens the local reaction and the danger of secondary infection. According to some experiments which they conducted, this solution is four times as efficient as carbolic acid.

Veronal and Phenacetin.

Von Noorden (Ther d. Gegenwart, 1911, p. 287) states that he has found a combination of five grains of veronal and two and a half grains of phenacetin, to which he occasionally adds one-half grain of codein phosphate, an exceptionally useful combination in insomnia. He has found that addition of phenacetin to the veronal not only about doubles the hypnotic effect of the veronal, but also prevents any after action of the veronal, such as headache, tired feeling, or confusion on the following day. The combination with codein he has found especially valuable where the sleeplessness is largely or partly the result of an irritating cough.

A New Test for Pregnancy.

Abderhalden (Muench. med. Wochenschr., No. 24, 1912). The study of anaphylaxis has shown that whenever a foreign proteid is introduced into the circulation, the tissues react with the production of a ferment, possessing the power of disintegrating this proteid. The proteids of the placenta, especially of

Digitized by Google

the chorion, act as foreign proteids and cause the appearance, in the blood of the pregnant woman, of ferments able to disintegrate them. If placental extract is mixed with ordinary blood serum, no change results. If the blood-serum was, however, obtained from a pregnant woman, the placental proteids are disintegrated, with the formation of peptones. The test, which may become of great practical importance, is done as follows: A mixture of human placental extract and the serum to be tested are placed in a dialyzing tube, the latter being immersed in distilled water. The appearance of a biuret reaction, in the latter, indicates that the serum was obtained from a pregnant woman.

Vaseline As a Laxative.

One of the best remedies for the production of the daily evacuation according to Hertz (Progres Medical), is liquid vaseline. This is non-irritant. It traverses the entire intestine without being decomposed or absorbed. It is particularly useful in the constipation of diabetics. In painful constipation, also, the stools that result from its employment are expelled with less difficulty than ordinarily. A teaspoonful to a dessertspoonful of this substance may be taken two or three times a day, at meal time. While it occasionally causes nausea, Hertz finds it, on the whole, much preferable to agar-agar, which acts much the same, but is more likely to produce gastric indigestion.

The Spontaneous Disappearance of Juvenile or Hard Warts as the Result of Treatment.

Galewsky (Dermatol. Wochenschr.) remarks that the method employed is immaterial in the treatment of warts; there are cases in which when the warts on one hand are treated, those on the other hand disappear. There are other instances when if a few of the lesions are treated, it is sufficient to cause the rest of the lesions to disappear. He ascribes it to a vasomotor reflex action dependent upon some irritation. Two cases are reported. 1. About 120 warts on both hands. A few lesions on each hand were treated by electrolysis. After this the rest of the warts gradually disappeared without further treatment, leaving only flat, whitish spots. 2. The patient was a young woman. In the spring of 1911 many juvenile warts appeared on both hands. During the summer, up to July 1, 1911, the

Digitized by Google

patient had twelve X-ray sessions with no results. In December, 1911, a few lesions on one hand were treated by electrolysis and the rest of the warts on both hands began to disappear. A few months later only whittish spots marked their site.

Prophylaxis of Coryza With Acetylsalicylic Acid.

Sick has found that one or two doses of 1 gm. each of acetylsalicylic acid, taken at the first indication of an oncoming cold in the head, will arrest it. The drug is especially effectual when the first tickling in the throat is felt towards evening, and the drug is taken then and again in the morning. This permits him to go about his surgical tasks after breakfast without any further symptoms of coryza. If acute rhinitis has developed or the coryza relapses, two or three further doses always cured it completely. He does not think the drug acts on the bacteria but it seems to enhance the resisting powers of the tissues. He regards the salicylic preparations as physiologic drugs, as they do not injure the tissues while they re-enforce them, just as we are learning to appreciate and utilize iodin more and more.—Munch. Med. Woch.

Soap in Cholelithiasis.

Mosse emphasizes the two facts that in certain cases of gallstones the knife is the only effective means of cure, and that in certain other cases a cure occurs without any treatment. Besides these, however, there is a group of cases in which the gallstone trouble can be cured by stimulating the secretion of bile, and for this he thinks nothing surpasses a mixture of 10 or 15 gm. of medicinal soap with mucilage of acacia q. s., to make sixty pills; three pills daily. The pills can be supplemented by rectal injections of oil. This treatment is to be commenced on subsidence of the acute attack; during this, belladonna or atropin may be required. This soap treatment was introduced by Senator, and some experiments reported this year from Pawlaw's clinic confirm, Mosse says, this cholagogue action of soap. —Therapie der Gegenwart, Berlin.

Significance of Physiological Age.

Crompton presents the importance of appreciating the differences that may be present between the physiological and the chronological age. He cites the fololwing that was adopted by

Digitized by Google

the National Educational Association in July, 1911: The laws should recognize the difference between the chronological age of a child and his maturity, and the school age limit of each individual child should be determined by requiring the child to meet physical and mental tests, even though the child be in years above the age standard; in other words, a child's actual age should be determined by physiological data corresponding to the normal standard for the age limits required by law. All children or persons failing to meet such maturity tests at the extreme school age limit should remain under public supervision and control, either until they reach the maturity or permanently. The same principle should be the guide in determining whether a child is fit to be employed in any occupation. Not when a child is fourteen or sixteen years of of age, but when he possesses the maturity of body and mind proper to a normal child of that age, should he be released from the guardianship of the state or of the community. Child labor laws should be so modified as to meet this requirement.—American Journal of Obstetrics.

Heliotherapy in Surgical Tuberculosis.

Gertrude Austin relates her visit to Doctor Rollier's hospital at Leysin, Switzerland, where little tuberculous children are exposed for hours daily without clothing of any kind to the sun's rays in midwinter at an altitude of 5,000 feet. The body of the patient is exposed to the sun's rays in galleries opening into the wards and facing due south. The actual seat of the disease is uncovered for five minutes only, the first day, that the skin may not be burned or blistered; the next day the region is treated for two periods of five minutes each, separated by an interval of half an hour; and on the third day these exposures are extended to fifteen or twenty minutes. Each time a larger area of skin is exposed, so that by the end of a week or ten days the entire body, the head excepted, is lying nude in the sun; later the head, too, is uncovered. The large windows of the steam heated wards are never closed, even at night. A carefully studied diet aids the building up process. Of 369 cases of surgical tuberculosis treated by heliotherapy, 284 (78 per cent) ended in recovery; forty-eight in improvement; twenty-one remained stationary; sixteen (4 per cent) ended fatally. Rollier does not concentrate any one ray (Finsen), but uses diffuse white light just as it comes from the sun.

Digitized by Google

Measles.

Tait (Br. Med. Journal) basis his paper on the study of 437 cases of this disease in an epidemic. His series gives striking evidence of the fact that death depends upon the pulmonary complications, such as bronchitis, pneumonia, and bronchopneumonia. In the first five years of life the curves of incidence of pulmonary complications and of death are parallel. The total death rate of the epidemic was 5.03 per cent. Severe pulmonary complications were present in 23.57 per cent of all cases. He finds that pneumococcal infection is the prime cause of deaths in measles. It is especially noticeable that in those cases of pulmonary complication in which the cause was prolonged, recovery was almost invariably the rule, even in the most severe cases. Tait found that even children who were suspected of being tuberculous recovered after severe pulmonary complications. In this epidemic epistaxis occurred in ten per cent of all cases, mild and severe. This came on just prior to the appearance of the rash, or within twelve hours after its appearance. He found Koplik's spots of no use in diagnosis, for so many children had some kind of mouth lesion not typical. In his entire series he had no case of the disease without more or less distressing cough. About fifteen per cent of the patients were stated to have had measles before.

The Obstetric Forceps and Their Relation to Mother and Child.

(From the Bulletin of the Lying-in Hospital of the City of New York. By J. W. Markoe, M. D., Attending Surgeon.)

"Thus have we described the mechanism of the extraction of a possible fellow citizen from its mother's womb, and the great question which now arises is when to apply forceps and what conditions call for the use of this artificial aid. You all know these conditions for each and all of us committed them to memory before we dared present ourselves before the examiners, but do we really know them? Truly not. There is but one thing that will give us skillful judgment in this respect and this is experience."

"It would be superfluous to go into all of the many complications that may arise in forceps cases, for they are legion, but I would urge you strongly to exercise the utmost conservatism about performing the so-called high operation. It is, I

Digitized by Google

believe, and feel sure that there are many of you who agree with me, the most dangerous of all surgical procedures, for not only is the life of the mother put in jeopardy but also that of the child; if it were limited to life alone, one could try to soothe his conscience by not repeating it, but too often, although the lives of both mother and child are saved, the mother will be so invalided as never to be the same as formerly and the child becomes epileptic, palsied or otherwise afflicted."

"Unhappily these dire results do not at once appear, and it may not be until years after the operation that the terrible unyielding pressure of those steel blades shows itself, only to be laid at the door of something else. There is not a gynecologist who does not frequently see cases that can surely be traced to ill conducted forceps operations. In regard to the children, it is here more difficult to fix the blame, for we all have seen, and frequently do see spontaneous deliveries in which the mere pressure of the delivery through the maternal canal caused death from cerebral hemorrhage, but is it not safe to say that if the maternal pressure alone may cause such destruction, that the added pressure of the forceps may do the same and in a greater degree?"

"What we all desire is to deliver our patients, be they rich or poor, with the least mortality and morbidity possible, and it would seem better if more could be done in urging patients to help themselves, to use the posture treatment so admirably expounded to us recently by Professor King and to keep our forceps for those cases where we fell quite sure that their use will not inflict any permanent injury upon the mother or child."

SOMERS (Omaha).

Digitalis in Heart Disease.

According to the Therapeutic Record in an important article, MacKenzie reports forty-three cases of various heart diseases which he treated with digitalis. MacKenzie says his studies lead him to the following conclusions: Patients react differently to digitalis. So far as the heart is concerned, he says, the difference is partly due to the nature of the lesion with which the heart is affected. Patients having auricular fibrilation are more readily and markedly affected than those with normal rhythm. The drug, in a proportion of patients with normal rhythm, affects the auriculoventricular bundle more particularly, and this produces partial heart block. It is suggested that the suscep-

Digitized by Google

tibility of patients with auricular fibrillation may result from the tendency of digitalis to affect the bundle, the change in the auricular condition rendering the bundle more susceptible to the influence of digitalis. MacKenzie thinks it possible that in slowing the heart's rate, the digitalis acts by stimulating the vagus nerve. He says digitalis tends to induce auricular fibrillation. In two of the cases of tachycardia outlined in MacKenzie's paper, both of which arose from an abnormal source, the action of digitalis was to cause the heart to revert to a normal rhythm. He says the diuretic action of digitalis may be produced with no perceptible change in the heart.

Diagnosticating Typhoid Fever in Children.

Depasse, in Journal de medecine de Paris for June 1, 1912, points out that the peculiar stepladder temperature record, the "ascending oscillation" of Jaccoud, is frequently absent in children, thus misleading the physician who awaits this pathognomonic sign. Furthermore this observer has noted that typhoid in the young is often characterized by an abrupt onset with complaint of sore throat or pain in the knee. Almost certain, according to him, as a sign of a typhoid attack is a sudden rise in temperature accompanied by a slow pulse, or one bearing no apparent relation to the fever, a combination peculiar to this malady, as in all other diseases of children both pulse rate and temperature rise together. An early serodiagnosis should be made in all febrile cases in children, and typhoid fever would be found oftener than the average physician is prepared to believe.

The Complainant: "You see, Judge, I was a little to happy, as you might say, when I went home, and me wife was ironin'. We'd had a word or two in the mornin', an' so I steps up prepared to make peace. I said: 'Let's forget th' quarrel—we were both wrong,' when what does she do but shove the hot iron against me head."

The Judge: "Trying to smooth it over, of course. You can't blame her for that. Go home both of you."

Digitized by Google

COUNTY SOCIETY EDITORS

E. G. BARNHARDT, M. D., Department Editor.

A. B. Anderson, M. D., Pawnee City, Pawnee Co.
S. M. Bazer, M. D., Alma, Harlan Co.
E. D. Banghart, M. D., David City, Butler Co.
H. H. Bellwood, M. D., Alliance, Box Butte Co.
J. S. Blanchard, M. D., Kearney, Buffalo Co.
J. H. Boyes, M. D., Hebron, Thayer Co.
F. A. Butler, M. D., Harvard, Clay Co.
E. S. Case, M. D., Stockville, Frontier Co.
W. F. Conwell, M. D., Neligh, Antelope Co.
Rachel M. Cooper, M. D., Aurora, Hamilton Co.
J. W. Craig, M. D., Minden, Kearney Co.
W. L. Curtis, M. D., Fairbury, Jefferson Co.
Sidney Eastman, M. D., Belgrade, Nance Co.
W. F. Engleman, M. D., Grand Island, Hall Co.
A. P. Fitzsimmons, M. D., Tecumseh, Johnson Co.
C. P. Fordyce, M. D., Manley, Cass Co.
C. L. Hooper, M. D., Butte, Boyd Co.
S. R. Hopkins, M. D., Hastings, Adams Co.
F. A. Long, M. D., Madison, Madison Co.
Jno. I. McGirr, M. D., Beatrice, Gage Co.
F. J. McRae, M. D., Albion, Boone Co.
W. F. Mitchell, M. D., Superior, Nuckolls Co.
M. M. Newbecker, M. D., Ord, Valley Co.
A. P. Overgaard, M. D., Fremont, Dodge Co.
Syl. Person, M. D., Stanton, Stanton Co.
C. D. Piasecki, M. D., St. Paul, Howard Co.
D. T. Quig[illegible], M. D., North Platte, Lincoln Co.
M. A. Quincy, M. D., Ashland, Saunders Co.
Howard W. Quirk, M. D., Crete, Saline Co.
D. J. Reid, M. D. McCook, Red Willow Co.
B. F. Richards, M. D., Crawford, Dawes Co.
H. P. Sheldon, M. D., Scottsbluff, Scottbluff Co.
L. H. Sixta, M. D., Schuyler, Colfax Co.
Hal C. Smith, M. D., Franklin, Franklin Co.
P. A. Sundbury, M. D., Holdrege, Phelps Co.
A. E. Wade, M. D., Lexington, Dawson Co.

NEBRASKA NOTES AND NEWS.

Dr. J. J. Warta of Sargent, Neb., has removed to Omaha.

Dr. J. R. Severin of Wayne, Neb., has located at Pierce, Neb.

Dr. Mantor of Lodge Pole, Neb., has removed to Lusk, Wyo.

Dr. L. L. Burstein of Winslow, Neb., has moved to Blair, Neb.

Dr. Howard is a new physician recently located in Albion, Neb.

Dr. E. L. Meredith of Ashland has recently located in Yutan, Neb.

Dr. Neal Chambers of Albion, Neb., has removed to Elm Creek, Neb.

Born—August 27, to Dr. J. E. Higgins of Grand Island, Neb., a boy.

Dr. Perry O. Marvel of Aurora, Neb., and Miss Lena Bowers of Beatrice, Neb., were married at Beatrice, September 4.

Dr. Fred Thomas and wife of Aurora have just returned from a month's auto vacation trip through Wyoming and Colorado.

Dr. E. M. Stewart and family of Imperial, Neb., are spending a few weeks vacation at eastern points.

Dr. J. R. Bell of Trenton, Neb., is spending a month in post graduate study in Chicago.

Dr. Marselus, secretary of the Butler County Medical society, spent the month of September in post graduate work in the Chicago Polyclinic.

Dr. Marron of Brainard, Neb., is the proud father of a fine girl since early in September..

Dr. W. L. Heilman of Crystal City, Tex., expects to return to Sterling, Neb., to engage in the practice of medicine.

Dr. C. D. Barnes of Tecumseh spent a short vacation in the mountains of Colo.

Dr. Rice of Elk Creek, Neb., has left for Chicago to do post graduate work. His location on return has not been decided.

Dr. Warder of Friend, Neb., has disposed of his practice and will spend the winter in Omaha.

Dr. F. E. Beall, formerly of Springfield and Papillion, Neb., died August 8 at his home in New York.

Dr. E. C. Stevenson of Gothenburg, Neb., has purchased a practice in Dixon, Ill., and has removed there.

Dr. Hustead of Phillips, Neb., has disposed of his practice and removed to Aurora, Neb.

Digitized by Google

Dr. L. A. DeLaney of Spalding, Neb., was married August 29 to Miss Bertha Meitfield of Omaha. They will live in Spalding.

Dr. C. D. Nelson of Lincoln, Neb., is a new physician located in Wausa, Neb.

Dr. W. T. Kile of Plainview, Neb., died suddenly in his office early in September.

Dr. Wall of Malcolm, Neb., has removed to Texas on account of his wife's health.

Dr. Grace Taylor of Merna, Neb., was burned so severely early in September that she died.

Dr. J. W. Gill of Lincoln has recently located in West Point, Neb., and opened an office there.

Dr. W. A. Guidinger of Dodge, Neb., took his vacation by automobile and reports a fine trip.

Dr. G. I. Sellon of Broken Bow, Neb., and Miss Myrtle Lefler of Lincoln were married August 22.

Dr. Wray of Omaha has rented an office in Kearney, Neb., and will engage in medical practice.

Dr. F. A. Barta of Ord, Neb., was married on Tuesday, August 20, to Miss Zacharias, also of Ord.

Dr. R. C. McDonald of Fremont is able to be up and about the streets again after his long illness.

Dr. J. W. Bozarth of Lexington, Neb., who has been quite seriously sick, is now in St. Louis for treatment and rest.

Dr. H. H. Thompson of David City, Neb., has been spending some time recently in the Mayo clinic at Rochester, Minn.

Dr. A. M. Faught and Dr. L. R. Jones have formed a partnership in the practice of medicine and surgery in Bayard, Neb.

Dr. Theodore Hausmann, a pioneer physician of Lincoln, Neb., died at his home the middle of August at the age of 91.

The east half of the fifth councilor district will hold an annual meeting at Oakland, Neb., on Thursday, October 17, 1912.

Dr. G. W. Sullivan of St. Edward, Neb., was taking post graduate work in the Mayo clinic at Rochester, Minn., during August.

Dr. A. G. Emerson of Scottsbluff, Neb., was adjudged insane early in August and taken to the hospital for insane at Lincoln, Neb.

Dr. Lauvetz of Wahoo, Neb., has returned from an extended eastern trip, where he has been taking post graduate work in New York city.

Dr. and Mrs. Syl. Person of Stanton, Neb., left September 18 for an extended visit in Pennsylvania and New York. They will be away about a month.

Dr. A. P. Fitzsimmons of Tecumseh, Neb., spent a short vacation in Boulder, Denver and Colorado Springs, returning to his work about September 1.

Dr. John Buis of Pender, Neb., has built and is operating a private hospital for surgical and non-contagious medical cases. He can accommodate ten patients.

Dr. L. L. Hustead of Rapid City, S. D., has purchased the office fixtures and instruments of Dr. I. Houston of Falls City, Neb., and is now engaged in medical practice there.

Dr. A. B. Cherry of Winside, Neb., has disposed of his practice to Dr. J. C. Neely of Diller, Neb. Dr. Cherry will rest several years before taking up any further occupation.

The College of Medicine, University of Nebraska, at Omaha, began work September 10. Work on the new $100,000 medical college building in Omaha is progressing rapidly.

Mrs. Beede, wife of Dr. S. C. Beede of David City, Neb., died Sunday, September 8, after a long and confining illness. The sympathy of the entire

Digitized by Google

community and the medical profession was fittingly extended to the bereaved family.

The Cedar-Dakota-Dixon-Thurston County Medical society will meet in annual session at Emerson on October 28 at 8 p. m. An excellent program, consisting of a symposium on pregnancy and labor, has been arranged, and a banquet will follow the business and scientific session.

The third annual alumni clinic week of the College of Medicine of the University of Nebraska will be held in Omaha October 14 to 19, 1912. An entire week is planned with an excellent schedule of clinics, conference and entertainment. It is expected that the attendance of 175 last year will be greatly surpassed.

The new hospital in Grand Island, Neb., which Dr. P. C. Kelley is erecting, is now nearing completion and will be a model institution with every modern convenience and appliance. It is 40 by 63 feet, four stories with full basement. It is equipped with an automatic elevator and has a diet kitchen on each floor in addition to a large kitchen, with dining room, on the top floor. It will have maternity wards and will establish a nurses' training school, both of which are new departures in Grand Island. The capacity will be about forty beds, and all rooms are outside and have the best ventilation and light. The general operating room, maternity operating room and anesthetic room are on the fourth floor and completely equipped. The new institution is a credit to Grand Island and its promoter, Dr. Kelley.

GENERAL NOTES AND NEWS.

The Bishop Randall Memorial hospital of Lander, Wyo., will soon be ready for occupancy.

It is reported from reliable official sources that the Detroit Homeopathic college has voluntarily become extinct.

Dr. David A. Gorton of Brooklyn, aged 80, is the father of twins, a boy and a girl. He is a vegetarian as well as an octogenarian.

Maurice Howe Richardson, M. D., one of the foremost surgeons of the United States, was found dead in his bed in Boston July 31, aged 60.

Professor Binz, the noted pharmacologist, formerly director of the Pharmacologic institute at Bonn, celebrated his 80th birthday July 1.

The Rawlins General Hospital and Medical Institute has filed articles of incorporation, with a capital of $35,000. F. C. Nichols is president.

The board of supervisors of Denver has passed an ordinance requiring that pork from garbage fed hogs be so labeled wherever exposed for sale.

Dr. G. W. Rosborough of Cheyenne, Wyo., died August 30 in a hospital there as the result of blood poisoning following the opening of a carbuncle on his neck.

Dr. Annette Buckel, nationally famous as the "little major" of the union army during the civil war, died August 18 at her home in Piedmont, Cal., age 79 years.

Dr. John A. Hawkins, Pittsburg, has brought suit against the Bell Telephone company for omitting his name from the telephone directory. He asks $25,000 damages.

Dr. T. B. McClintic of the United States public health service died in Washington, August 13, of Rocky mountain spotted fever, contracted while investigating the disease in Montana.

At the annual meeting of the American Association of Medical Examiners held at Atlantic City, June 3 and 4, 1912, Dr. Frank W. Foxworthy of Indianapolis was elected president.

"Go abroad and see the world! But before doing that, see America. And before doing that, see the state in which you live. And before doing that, see where the money is to come from."

Digitized by Google

The Sedalia, Mo., board of education will enforce the rule established last year to require all teachers in the public schools to pass an examination of their physical condition before beginning their duties in the fall.

It is with deep regret that we announce the death of Dr. John Jay Taylor (Medico-Chirurgical college of Philadelphia, '87), founder and editor of The Medical Council, on August 1, 1912, of cancer, aged 59 years.

Dr. G. G. Dowdall, chief surgeon of the Illinois Central system, has originated a plan to exterminate the mosquitoes along the lines of the road by stocking the stagnant pools with goldfish minnows, which live on the larvae of mosquitoes.

Under the direction of Dr. Wilbur A. Sawyer, director of the State Hygienic laboratory at the University of California, of Berkeley, a pasteur institute has been installed on the campus, where virus is prepared and rabies cases will be treated.

Senator Robert L. Owen has been nominated by a majority of more than thirty thousand to succeed himself as senator from Oklahoma in spite of the efforts of the League for Medical Freedom. This is equivalent to an election in that state.

The New York state health commission has appointed the following women physicians of the state as special lecturers to carry on a state wide campaign of education among women and girls on the subjects of hygiene and the prevention of disease.

The Baltimore City Medical society has appointed a permanent honor committee, composed of Drs. Gordon Wilson, J. Whitridge Williams and Wilmer Brinton, to investigate all unethical proceedings and prefer charges against all offenders before the board of censors.

The state board of health of Indiana has made arrangements to inspect the summer resorts of northern Indiana with regard to general ceanliness, sewage and garbage disposal, water supply, the presence of flies, mosquitoes, bed bugs and rats and the quality and handling of the food supply.

By the act of congress, approved August 14, 1912, the name of the United States public health and marine hospital service was changed to the United States public health service. The functions and duties of the service have been extended and a revision in the salaries of the officers made.

At the annual meeting of the Iowa state board of health and state board of medical examiners, held in Des Moines, Dr. Albert De Bey, Orange City, was elected president of the state board of health; Dr. T. U. McManus, Waterloo, president of the state board of medical examiners, and Dr. G. H. Sumner, Des Moines, was re-elected secretary of both boards.

Some unwise people of Detroit are trying to block the erection of a school building for tuberculosis children where they can have the benefit of open air instruction. This building is to be erected in a residence section of the city, near one of the city schools, and will owe its existence to the generosity of Mr. Frank B. Leland, one of Detroit's prominent business men.

Messrs. Rebman Company of New York beg to announce now ready: (1) Surgery of the Brain. Vol. II., by Fedor Krause, M. D., of Berlin; (2) Ophthalmology, Vol. II., by Roemer, M. D. On the press: (3) Surgery of the Brain and Spinal Cord, Vol. III, by Fedor Krause, M. D.; (4) The Diseases of the Oral Cavities, one volume, by Zinsser, M. D. Fifty-one colored illustrations (four color process) and 22 (one of which is colored) illustrations of the teeth, spirochetae and trepenomata.

Because of the bubonic plague situation the house appropriation for the prevention of epidemic by the public health service was increased from $100,000 to $500,000 in the sundry civil bill. At Havana a quarantine against arrivals from Porto Rico is being established. From many cities on the gulf and the Atlantic coast, officers of the service report state and local authorities establishing examinations of arrivals from the plague districts, the passage of city ordinances and other measures for the extermination of rats, and campaigns of disinfection of the water fronts.

Digitized by Google

The following resolution has been adopted by the National Wholesale Druggists' association and by twelve state and several local pharmaceutical associations: Whereas, the publication by the daily newspapers of the names of the poisons used in cases of suicide or homicide, together with information concerning such poisons and the amount constituting a fatal dose, has the tendency to suggest their use to criminals and persons of suicidal intent, therefore be it resolved, That we recommend that the members of the National Wholesale Druggists' association request the proprietors of newspapers in their vicinity to omit in future the publication of these details.

SOCIETY MATTERS.

DAWSON COUNTY MEDICAL SOCIETY.

The bi-monthly summer meeting of the Dawson County Medical society was held at Cozad, in the Commercial club rooms, Friday evening, August 30, 1912. The meeting was called to order by President E. C. Stevenson of Gothenburg. The paper of the evening was presented by Dr. G. W. Clark of Elwood, being entitled, "Auto-intoxication of Gastro-intestinal Origin." The paper was excellent in every respect and was followed by a thorough discussion. The remainder of the evening was spent in the discussion of clinical cases, all of which were exceedingly interesting. It was decided by unanimous vote to hold the regular quarterly meeting in Cozad the first Friday evening in October.

INTERNATIONAL CONGRESS OF MEDICINE.

This congress will meet in London, England, August 6-12, 1913. (Some of the journals have erroneously given 1912 as the year in which this meeting would be held). The executive committee for the United States consists of the following: William S. Thayer, M. D., president, Baltimore (succeeding Dr. J. H. Musser, deceased); Alfred Reginald Allen, M. D., secretary, Philadelphia; Frank Billings, M. D., Chicago; William T. Councilman, M. D., Boston; George W. Crile, M. D., Cleveland, O.; John B. Elliott, M. D., New Orleans; J. Marshall Flint, M. D., New Haven, Conn.; Albion W. Hewlet, M. D., Ann Arbor, Mich.; Abraham Jacobi, M. D., New York; Theodore C. Janeway, M. D., New York; Lawrence Litchfield, M. D., Pittsburg; Herbert C. Moffitt, M. D., San Francisco. Applications for membership in the congress can be obtained from the secretary, Dr. A. R. Allen, 2013 Spruce street, Philadelphia.

The American Party.

Arrangements are now being perfected for a pleasant trip to attend the congress, providing for a tour of England, Ireland, Scotland and France, and including The Hague. Several days will be spent in Paris, Brussels, Cologne, Heidelberg, Amsterdam, including an excursion to Isle of Marken. Those who wish to do so may spend some time in clinics of Vienna and Berlin. Hotel accommodations have been secured in London, and tickets will include all expenses. Sailing from New York July 10. Those desiring to register with the party, or who wish a copy of the complete itinerary, will address Dr. Chas. Wood Fassett, secretary Medical Society of the Missouri Valley, St. Joseph, Mo.

A little girl was having her first ride on a big steamboat, crossing the Atlantic. The captain was explaining numerous things to her, among them his telescope.

"Now, what would you like to see through it?" he asked pleasantly.

"I'd like to see the equator."

The captain pulled a hair out of his head and holding it before the telescope, bade the little girl look. "Do you see it?"

"O, yes," she said, "and there's a camel walking across it."

Digitized by Google

CORRESPONDENCE.

To the readers of the Western Medical Review:

About six years ago the writer began to use vaccines in the treatment of typhoid fever. Since that time he has thus treated more than one hundred cases and has obtained numerous articles upon the same subject written by physicians in various parts of the world. It seems possible, however, that some may have escaped notice. He also realizes that many of the profession may have treated some cases without reporting them. A paper upon the subject is now in the course of preparation. In this it is earnestly desired to incorporate reports from a large number of cases, good, bad and otherwise. He accordingly makes the following request to the readers of this journal:

Will any one who has used vaccines in the treatment of typhoid fever, whether but one case or more, kindly communicate to him that fact accompanied by name and address of the reporter. If the results have already been reported, a note of the journal in which they appeared will be sufficient. If they have not been reported, a short blank form will be sent to the physician to be filled out. Due credit will be given in the articles to each person making a report. If any physician happens to know of other confreres who have any such cases, it will be appreciated if he sends their names, as they may not happen to read this note. It is hopel that by this means a su¼cient number of cases may be collected to somewhat definitely settle the now somewhat mooted question whether vaccines are or are not of benefit in typhoid therapy.

Reports of cases will be accepted at any time in the future, but preferably November or December of the present year.

Kindly communicate with Dr. W. H. Watters, director of the department of Pathology and Bacteriology, Evans Institute for Clinical Research, Boston, Mass.

The Sherley bill, which is intended to correct the defect in the food and drugs act in regard to misbranding as interpreted by the recent decision of the supreme court, was approved by the house of representatives August 19. The Sherley bill provides that any drug shall be deemed misbranded "if its package or label shall bear any statement, design or device regarding the curative or therapeutic effect of such article which is false and fraudulent." The supreme court, in a divided opinion, decided, in effect, in the Johnson cancer cure case, that the makers of nostrums might make any calims they desired in regard to curative effects, provided only that the strength and purity of the ingredients conformed to the requirements of the Pharmacopeia or were published on the label. This decision defeated the efforts of the government to suppress the Johnson cancer cure fake and let down the bars for the exploitation of the public by almost any sort of fake cure.—J. A. M. A.

Philadelphia is making war against the fraudulent medical museums of that city. Eight men connected with these places have been arrested and charged with practicing medicine without proper license, conspiracy to obtain money under false pretenses, and obtaining money under false pretenses. The places attacked are said to be part of a national syndicate of medical museums, rated at being worth something more than six million dollars. Two Chicago men are said to be at the head of this syndicate. According to the testimony, each of these establishments employ men who go by the names of "money getters," "doctor," "lecturer," "circulator," "jollier" and "sob artist." Naturally, the "doctor" receives the least salary.

Digitized by Google

BOOK REVIEWS.

TUMORS OF THE JAW.

By Charles L. Scudder, M. D., Surgeon to the Massachusetts General Hospital. Octavo of 391 pages, with 353 illustrations, 6 in colors. Philadelphia and London. W. B. Saunders Co., 1912. Cloth, $6.00 net; half morocco, $7.50 net.

The mere fact that the book is written by Dr. Scudder assures the reader of something good. It fills a field which has heretofore been unoccupied and covers it with acurate precision in a scholarly manner. The illustrations are so realistic and vivid that they add immensely to the value of the book, aiding as they do in giving a better grasp of the diagnostic points under consideration. We would commend a study of this book to every practitioner of medicine.

A. F. TYLER, Omaha.

ELECTRICITY IN GYNECOLOGY.

By May Cushman Rice, M. D. L. I. Laing & Co., Publishers, 322 West Washington Street, Chicago. Second Edition.

This book has 159 pages and is divided into 16 chapters.

The book is written for the busy practitioner and is written brief and yet it is clear, giving anyone an easy and quick reference of the use of electricity in gynecology.

Knowing Doctor Rice as I do, the line of treatment recommended has been in use in her clinic and private laboratory for over five years. To those of us who have had experience in this line of work we can endorse everything the doctor says.

There is no untoward action nor any mortality from the treatment if carried out as described by the doctor in her book.

Any physician who has no standard work on conservative gynecology and who is treating diseases of women should have this book in his library.

The doctor does not omit the use of X-ray entirely, however, she only speaks of its use in malignancy. This, however, is no serious objection to the book, as the use of the X-ray in gynecology should be left to someone who understands radio-therapy, for the doctor's own good as well as his patients.

W. H. MICK, Omaha.

CYCLOPEDIA OF AMERICAN MEDICAL BIOGRAPHY.

By Howard A. Kelly, M. D., Professor of Gynecologic Surgery at Johns Hopkins University, Baltimore. Two octavo volumes averaging 525 pages each, with portraits. Per set: Cloth, $10.00 net; half morocco, $13.00 net. Philadelphia and London; W. B. Saunders Company; 1912.

Dr. Kelly has performed a distinct service to medicine by collating the biographies of the leaders of the medical profession in this country from 1610 to 1910, and his work will be regarded as not the least of his claim upon the gratitude of his confreres. With the minutes attention to detail so noteworthy of the editor he has gathered brief life histories of about 1,200 physicians, compiled by scores of writers. Kelly's purpose, as he stated, has been to "give a brief outline of the life of every medical worthy who has lived in the United States and Canada," and this he has faithfully done. Some of the names are of men less widely known as specialists than as teachers, while others are men of wide local reputation. In an elaborate introduction the history of different branches is considered at length, such as anatomy, surgery, gynecology, obstetrics, dermatology, ophthalmology, laryngology and medical jurisprudence. Here and there names of well beloved local practitioners are missing, but in general the work is a com-

Digitized by Google

plete presentation of the lives of America's medical leaders. Many portraits adorn the volumes, and some are rare prints.

A MANUAL OF SURGICAL TREATMENT.

By Sir W. Watson Cheyne, Bart., C. B., D. Sc., LL. D., F. R. C. S., F. R. S., Hon Surgeon in Ordinary to H. M. the King; Senior Surgeon to King's College Hospital, and F. F. Burghard, M. S. (Lond.), F. R. C. S., Surgeon to King's College Hospital, and Senior Surgeon to The Children's Hospital, Paddington Green, London. New (2d) edition. Thoroughly revised and largely rewritten. In five volumes, containing about 3,000. pages and illustrated with about 900 engravings. Price, cloth, $6.00, net, per volume Lea & Febinger, Publishers, Philadelphia and New York, 1912.

The publication of the second volume of this invaluable work in little over a month after the appearance of the first is indicative of the systematic and energetic work of its editors and contributors. This rapidity in the appearance of the successive volumes ensures to the purchaser a complete and modern library of surgical treatment, equally fresh and up-to-date throughout. This volume covers the surgical affections of the skin and subcutaneous tissues, of the nails, lymphatic vessels and glands, fasciae, bursae, muscles, tendon sheaths, tendons, nerves, veins and arteries, as well as the surgical treatment of special aneurysms; the consideration of surgical affections of the bones follows, including fractures and the various diseases which require surgical intervention; and the volume closes with a discussion of amputations.

TEXT BOOK OF OPHTHALMOLOGY.

In the Form of Clinical Lectures. By Dr. Paul Roemer, Professor of Ophthalmology at Greifswald. Translated by Dr. Matthies Lanckton Foster, Member of the American Ophthalmological Society; Member of the American Academy of Ophthalmology and Oto-Laryngology. With 186 illustrations in the text and 13 colored plates. Volume I. New York: Rebman Company. Price, $2.50.

The volume under review is No. I of a three-volume treatise on ophthalmology. This work deserves more than passing notice for a variety of reasons. In the first place, the subject is presented in the form of a series of clinical lectures, instead of being divided into formal and (shall we say) stereotyped chapters. This method should, a priori, tend to a casual and unfettered expression grateful to the reader of the stilted paragraphs of the average textbook. The ordinary familiar language of the clinic is employed by Roemer with consummate skill to paint a vivid picture of the clinical and pathological aspects of the actual patient. The application of the results of the study of immunity to diseases of the eye, and, indeed, the study of immunity itself is developed more thoroughly than in other textbooks. Conflicting theories in regard to details of anatomy, physiology, etc., are contrasted, and finally, the author's own opinion, in moot points, is logically and clearly expressed.

The illustrations, photographic and otherwise, are beautifully executed. The colored plates, also, represent with remarkable fidelity of drawing and coloration, various external ocular diseases. No practitioner interested in diseases of the eye, whether specialist or not, can afford to be without this splendid work.

WARFIELD'S ARTERIOSCLEROSIS.

Second edition, thoroughly revised. Published by C. V. Mosby Medical Book and Publishing company, St. Louis. Price $2.50.

It is unfortunate that at this time when we are struggling to clear up

Digitized by Google

the many obscure features of cardio-vascular disease, there should appear a volume entitled Arterio-Sclerosis, in which the chapter on pathology appears to be an attempt to reconcile the numerous ideas, many of which are intrinsically absurd, that have been advanced on this subject; and what is worse, there seems to be no definite conception of the process on the part of the author. Needless to say such an attempt at straddling has resulted in failure.

One entirely misses a clear cut classification of the matter in hand. Syphilis of the vascular system and arterio-sclerosis are hopelessly confused, and we are left the impression that the former is a sub-head of the latter, instead of a disease sui generis. Media hypertrophy, or the antecedent muscular over activity, so commonly seen present in chronic lead intoxication and in most of the conditions which we designate as chronic nephritides, is not mentioned in the entire volume. This is a phase of arterial disease which the reviewer believes is entitled to discussion and elaboration because it is little understood and of great theraputic import.

On page 22 he says: "The initial lesion is in the middle layer." All microscopic pictures of true arterio-sclerosis which we have seen have been in the nature of a fatty degeneration or a proliferation of the intimal layer, as shown in his own illustration (Fig. 2) and as described by Kaufman, Aschoff, and other recent writers on the subject. It is probably true taht a fatty degeneration, excepting following an acute infection in children and possibly acute intoxications in adults, is the first step in the arterio-sclerotic process.

The remark the author so frequently makes "that half of the aneurysms are due to luetic disease" is an error which should not be further perpetuated in medical literature. Excepting the rare traumatic cases there is no other cause for aneurysm of the aorta than syphilis. On page 45 and 46 he makes the rather naive explanation of the absence of such lesions in the abdominal aorta that the diaphragm acts as a flood gate and "prevents the high pressure essential to the production of aneurysmal dilation." One may convince onself of the absurdity of this statement by consulting any modern text book on physics or physiology. The term arterio-sclerotic endocarditis is particularly inapt and shows a hopeless confusion of inflammation and degeneration. True arterio-sclerotic affections of the aortic valves (with antecedent endocarditis) belong to the rarities of the post-mortem room. The author's picture (Fig. 9) to illustrate the latter condition is clearly a specific process.

The chapters on Etiology, Symptomatology, Diagnosis, Prognosis and Treatment, are much better than that on Pathology, doubtless because the author's experience has been clinical rather than pathological. However, the careless and inaccurate use of clinical expressions such as "intestinal metabolism," "myocarditis," "aortitis," etc., should find correction in future editions of the volume. The author's plea for more frequent application of blood pressure determination is clinical work is one which should be heeded by all practitioners. DUNN, Omaha.

A young lady living in Atlanta visited the home of her fiance in New Orleans. On her return home an old negro "mammy," long in the service of the family and consequently privileged to put the question, asked: "Honey, when is you goin' to git married?"

"The engagement has not been announced," the Atlanta girl replied, "Indeed I can't say, Auntie. Perhaps I shall be married next Christmas, and then perhaps I shall never marry."

The old woman's jaw fell. "Ain't dat a pity now!" she ejaculated; then she added, consolingly, 'Dey do say dat ole maids is de happiest critters dey is, once de quits strugglin'."

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00. The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

Dr. A. G. HAMILTON, Thermopolis, President DR. W. H. ROBERTS, Cheyenne, Secretary
DR. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. H., Rock Springs.

Vol. XVII. CHEYENNE, WYO., OCTOBER, 1912. No. 10

ABSTRACTS.

Corpus Luteum Extract.

C. F. Burnam, Baltimore (Journal A. M. A., August 31), after reviewing the function of the internal secretion of the ovaries and the use of the extract, gives his personal experience in experimenting with the extract of the corpus luteum of the pig. Besides the experiments with dogs, which accorded with those of other observers, he tells his experience with the use of the extract in human patients and concludes his paper with the following summary: "1. When given by the mouth corpus luteum tissue of the sow, even in large doses, has little or no toxic effect on women. 2. It affords us a valuable means of controlling the nervous symptoms which occur in so many patients at the time of the natural or artificial menopause, giving relief to most sufferers. 3. It is a valuable remedy in treating patients with insufficient internal ovarian secretion during the menstrual life. This class constitutes a very large number of women. 4. It is an excellent remedy to induce menstruation in young women suffering from functional amenorrhea. Those who are fat, in addition to regaining menstruation, usually, but not always, lose weight. 5. There would seem to be a possibility for the use of the drug in cases of unexplained sterility and repeated abortions. 6. Extensive use should be made of corpora

Digitized by Google

lutea from the cow, sheep and other animals to determine if these extracts work more successfully than those of the sow. The ideal luteum tissue for any animal is doubtless tissue from its own species, but this cannot be obtained for the woman. 7. So far as it goes, my work strengthens my conviction that Fraenkel is correct in attributing mentsruation to the internal secretion of the corpus luteum. 8. From clinical experiences I am inclined to believe that the corpus luteum possesses different properties due to different chemicals. One of these substances causes hyperemia of the pelvic organs; another relieves nervous symptoms of a toxic character, as at the menopause. It would seem that this product acts as a neutralizer, since even large doses of the luteum cause no disturbance of a toxic nature. On the other hand, the toxic results of intravenous injections of the luteum extracts, as well as the nervous phenomena of menstruation, show that there must also be some toxic material present which is not absorbed from the stomach or intestines. All of these various substances may in the future be separated."

Fats in Dermatology.

Burnier (Presse Medicale) contends that the excipient in an ointment is not a matter of indifference. Lard, he believes, should be used oftener than it has been since the appearance of petrolatum and wool fat. When benzoinated, it sometimes irritates tender skins; prepared with a little salt and alum it is unobjectionable, if fresh. Lanolin should not be used in inflamed dermatoses. It mixes admirably with petrolatum. Petrolatum is not really a fat, but a mixture of heavy oils and paraffins. It is not absorbed by the skin and should be used only in superficial lesions. The light yellow variety is the best. Other bases are beef marrow, whale oil, and codliver oil, which is excellent in certain irritating conditions and may be modified as to odor by the addition of a little peppermint or tar. Proprietary bases like adiptine, aleptine, resorbine, molline, and diadermine, have their uses and may sometibes be prescribed also. Cacao butter is useful to give firmness to certain ointments. Burnier distinguishes a pomade, containing only a medicament and a grease, from a paste, which contains also an inert powder. Glycerites are mixtures of glycerin and vegetable starch; creams result from mixing water or lime water with a fat, and usually some scent; cerates are based on wax mixed with water or oil. What is known as colle (glue) in France is a mixture of gelatin,

Digitized by Google

zinc oxide, and water or glycerin. This is mixed while hot and is sold in platelets like glue. It is softened before use in a *bain-marie,* and when applied to the skin acts as a protective somewhat after the manner of collodion. The author warns against the indiscriminate use of zinc oxide ointment, which is not always harmless; a paste is often much better in not checking perspiration for example.

Hyperemic Treatment of Acute Anterior Poliomyelitis.

The plan of treatment that McIlhenny began in June, 1906, and has carried out with five cases to date with the most satisfactory results, has demonstrated very forcibly the value of active hyperemia in infantile paralysis, and is as follows: The alimentary canal is thoroughly cleansed, the limb or limbs lightly bandaged with cotton to keep them warm, stimulating liquid diet and strychnin in minute doses. Cups are applied intermittently to both sides of the spine, and directly over the posterior processes from the sacrum to the curvical region, for one hour daily, and this continued regularly until muscular soreness has disappeared and voluntary motion in the affected muscles begins to return; the bandages are then removed and massage begun, general diet gradually being allowed, and the cupping continued. If one is able to begin treatment a day or two after the initial attack, McIlhenny says one may look for a diminution of the muscular soreness about the fourth day, and a slight return of voluntary motion about the tenth or twelfth day, depending on the extent of the inflammation when treatment was begun and the amount of hyperemia the patient can bear. As the patient becomes more accustomed to the treatment, the improvement will be more rapid; this treatment should be continued until the muscles have regained their tone.—Boston Medical and Surgical Journal.

Dr. Woods Hutchinson, the well-known physician and writer, was once called upon by a young matron with more than her share of flesh and fat.

She told the doctor that she had read his article on "Fat and its Follies" in a popular magazine, and she wanted him to help her get rid of some of her fat. After a few preliminary questions, he handed the lady a diet list, telling her to come back in two weeks.

The good doctor's consternation can scarcely be imagined

Digitized by Google

when he saw his patient again. She looked fifty per cent fatter and weighed twenty pounds more. He was more than puzzled. His list contained no sweets of any kind, nor any fat producers; yet it was putting flesh on at an enormous rate.

"You are sure that you ate the things on this list?" the doctor questioned severely.

"Yes, doctor," was the firm answer.

"What else did you eat?"—as a sudden inspiration seized him.

"Why, nothing but my regular meals," was the indignant answer.—Lippincott's.

AN X-RAY RESULT

"This X-ray machine is a marvel,"
Said a medical man to his friend;
"It is showing up many a wonder,
And serving a mighty good end.

"Last week I examined a puppy—
You know how they hang out their tongues—
Just a plain every-day kind of doggie;
I took a god look at his lungs.

"And when I developed the picture—
Now don't tell your sisters and aunts,
For it sounds just a little bit shocking—
I discovered the seat of his pants!"
—Charles Edwin Julian, in Munsey's.

CAUGHT.

Softly falls the Summer moonlight
On the tranquil ocean tides,
Where a boat with youth and maiden
O'er the water lightly rides.

Hushed by nature's solemn silence,
Whispers he in accents low:
"Let us float through life together,
Though the tide be ebb and flow."

And she answered, breathing music
Like a low breeze through the pines,
"Yes, dear, if you'll only let me
Hold as now, the rudder-lines."
—Harvard Crimson.

On a business trip to the city a farmer decided to take home to his wife a Christmas present of a shirtwaist. Going into a store and being directed to the waist department, he asked the lady clerk to show him some.

"What bust?" asked she.

The farmer looked around quickly and answered: "I don't know; I didn't hear anything."—Ladies' Home Journal.

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, Omaha, Neb. Per Annum, $2.00. The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879.

BOARD OF DIRECTORS:

A. F. Jonas, M. D., President — H. L. Akin, M. D., Sec.-Treas. — H. Gifford, M. D.
F. E. Coulter, M. D., V-Pres. — H. L. Burrell, M. D.

A. L. MUIRHEAD, M. D., Editor.

C. C. MORISON, M. D., Associate Editor.

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H.L.	Crowley, C. F.	Hamilton, H. P.	Owen, F. S.
Allison, C. C.	Christie, B. W.	Jonas, A. F.	Pollard, C. W.
Akin, H. L.	Davis, B. B.	Lake, F. W.	Rich, C. O.
Bryant, D. C.	Dunn, A. D.	Lemere, H. B.	Rix, R.
Bridges, W. O.	Foote, J. S.	Mack, A. E.	Stokes, A. C.
Crummer, LeRoy	Gifford, H.	Milroy, W. F.	Somers, A. B.
Coulter, F. E.	Henry, W. O.	Moore, R. C.	Schalek, Alfred
Condon, A. P.	Henry, E. C.	Moriarty, Pierre C.	Sumney, H. C.
Conlin, F. M.	Hollister, R. R.	McClanahan, H. M.	Towne, S. R.

Anderson, A. B., Pawnee City	Long, F. A., Madison	Poynter, C. W. M., Lincoln
Artz, C. V., Hastings	VonMansfelde, A. S., Ashland	Hopkins, S. R., Hastings
Coats, A. J., Fairbury	McConaughy, R., York	Pickett, I. N., Odell
Dayton, W. L., Lincoln	McDonald, R. C., Fremont	Quigley, D. T., North Platte
Everett, M. H., Lincoln	McKinnon, A. I., Lincoln	Rork, L. W., Oxford
Hilton, D. C., Lincoln	Mitchell, A. R., Lincoln	Talbot, W. E., Broken Bow
Hildreth, M. L., Lyons	Orr, H. Winnett, Lincoln	Wilson, W. H., Lincoln

Vol. XVII. OMAHA, NEB., NOVEMBER, 1912 No. 11

EDITORIAL.

Plain Speaking on Sanitary Matters.

As the education of the public progresses in sanitary matters, the tendency to criticize officials responsible for conditions that are not as they should be becomes more pronounced. This is a hopeful sign, and means, inevitably, improved conditions. As examples of splain speaking on these matters, two instances may be cited. The headline over an article in a daily paper published in a large western city reads: "One More Baby's Life Forfeited to the Game of Politics." The article contains an account of epidemic of scarlet fever which was traced to a certain dairy. It specifically attributes the death of a 5-year-old

Digitized by Google

child to the milk from this dairy, and goes on to say: "The milk inspection department, during the time that a milker at the farm was developing scarlet fever, was playing politics. The inspectors were out soliciting votes among such of the dairymen as lived within the city limits and had a vote May 21. On their shoulders is laid the blame for the infection spread through the city." The other instance also concerns the milk-supply, this time in a large eastern city. The chief inspector of creameries and dairies in the city found only three out of the twenty-seven that were up to the standard. He stated to the local board of health that he had no doubt that the impure milk was the cause of the death of many infants, and that if the board did not take immediate action the state board would step in and force the local board to do its duty. With all the agitation and legislation concerning milk it is scarcely possibel that milk-producers and distributors do not know the role of impure milk in the production of disease and death in infants. A conscience so defective as to permit such conditions to exist in the face of that knowledge, says the Journal of the American Medical Association, requires drastic criticism and vigorous action to penetrate it and get it in a normal working condition. Fearless speaking by the newspapers and the public will surely improve the health situation.

Blood Corpuscles, Old and Young.

Precisely as epithelial cells are regenerated when they have been damaged or destroyed, so, it is well known, the red blood-cells can be replaced after they have been lost through hemorrhage or disintegration by various hemolytic agencies. The renewal of the cellular elements of the blood in different types of anemia is a fact of common experience. Is there any physiologic difference, however, between the young and the old red corpuscles? The morphologist at times can discern structural peculiarities in the erythrocytes which may lead him to ascribe developmental changes to them. But even under conditions in which no visible inequalities or perversions of structure are dis-

Digitized by Google

cernible there is chemical evidence that "new" blood is unlike "old" blood. Morawitz and his pupils have noted an increased consumption of oxygen by the blood in anemia in contrast with the blood of healthy persons; and this feature has even been used to estimate the degree of regeneration which is taking place. Dr. Snapper of Groningen, Holland, has used the resistance of the red corpuscles of different bloods as an index of physiologic variations. Comparing the behavior of the corpuscles from blood after hemorrhage with that obtained beforehand, he has observed that the newly formed cells are less easily hemolyzed than the older ones. The young corpuscles formed in the reparation of the anemia are more resistant in this sense. There is, furthermore, some evidence that new red cells can be formed from the components of older ones which have suffered destruction in the vascular system itself. In such cases the resistance of the cells to hypotonic salt solutions may increase despite the lack of change in the number of the cells present, and if one may judge by the phenomena here noted, the reparation of blood-cells may quite exceed the actual loss experienced. This is in accord with a familiar principle in pathology. Loss of blood occasions not merely a restitution for what has been removed, but also acts as a stimulus to the hematopoietic system whereby there are formed far more than enough new cells to replace the loss.—J. A. M. A.

Inulin as Food for Diabetics, and Vague Statements.

Quoted from the Deutsche Medizinische Wochenschrift of March 7th and the Berliner Klinische Wochenschrift of June 24th the Journal A. M. A. of April 13th and August 3rd abstracts: "Strauss reports that in his research and experience *inulin* was better tolerated than any other form of starch and he urges its use in severe diabetes, especially for diabetes with acidosis. Comparatively small amounts are passed unutilized through the bowels, and he does not hesitate to urge its more general use and the transient course principle. As *inulin* is still so expensive, the best way is to order vegetables rich in *inulin*,

Digitized by Google

such as artichokes and viper's grass (similar to salsify)." Of the article in the Berliner Journal the A. M. A. J. says: "He has since been using it (inulin) systematically in nine cases of diabetes. He gave the *inulin* pure (a commercial preparation) 100 grains a day, mixed with the food and found that it was perfectly tolerated, except possibly by one moribund patient. No intestinal disturbances were observed in any instance, while all the patients increased in weight, with the above exception. The gastric juice seems to split the inulin into levulose, but inulin, being a polysaccharid, is assimilated far more slowly than levulose; this explains the better tolerance for it. The best results were obtained with periods of from four to eight days with varying intervals, the inulin mixed with eggs, fruits or vegetables. Inulin is comparatively inexpensive, it occurs naturally in artichokes, sunflower seeds, etc. It is possible that small amounts of *levulose* given at intervals might prove useful in diabetes, and he is now experimenting in this line."

The writer has taken pains to look up the different vegetables suggested in these quotations as sources of inulin and he includes the substance known as *inuloid,* isometric with inulin, and more soluble than inulin, and it is contained in the unripe Jerusalem artichokes (Helianthus Tuberosus). Strauss talks of artichokes (Cynara Scolymus) and of this latter plant the buds, just before flowering commences, are used, similar, I presume, as Brussels sprouts are prepared, whereas if he means the Jerusalem artichokes then the tubers are the parts that are used by men and domestic animals. In the former instance not much inulin can be procured in the eating of the flower buds, in the latter case it is possible that the comparatively large amount of starch contained in the tubers is in larger or smaller amounts inulin. In the former case it would be well to say that the inulin so procured would be expensive, because the vegetable is but little known in this country and this is much to be regretted. In the latter instance it is well known that the tubers of the Jerusalem artichokes are grown to almost double the quantity of common potatoes, are less expensive to grow, and can be

Digitized by Google

left in the soil in the winter, if necessary, as the tubers do not freeze thus protected, and all farm animals seem to be fond of them. In this form, of course, the inulin ought to be gained at little cost, somewhat like the starch from potatoes, and it is, besides, a typical American plant, growing wild and almost anywhere in Southern Canada and the Northern United States. Which of the artichokes is meant? And which of their parts?

Another plant is suggested by Strauss: *Viper's Grass*—Black Salsify *(Scorsonera Hispanica)*. This is a root vegetable, thought by some more tasty than our salsify, growing larger and longer, some roots a foot long, and bearing a crop almost twice as large as the salsify. Why do not our Rusby's, who are so finely equipped for the purpose, investigate these vegetables, tell us whether, and in which of their parts, and to what extent we may find the inulin?

There seems to be no doubt as to its presence in the roots of the viper's grass. This will, therefore, furnish an additional vegetable to the restricted bill of fare of diabetics—and a remedy of more or less value; it will provide a carbohydrate so much sought for, one not easily changed into sugar, and incidentally it will prevent the much dreaded acidosis.

The writer feels that he must point to the fact that both inulin and levulose have been used for some time. Mandel and Lusk have shown that if 100 grains of levulose are fed to a diabetic, 80 per cent of the sugar ingested was indicated by the increase of sugar in the urine and Von Norden confirms this observation. H. Strauss seems to be aware of this find, because he insists on the use of small quantities at a time in his own levulose investigations, which practice may be followed by entirely different results. He is well aware that a certain quantity of sugar, divided into small parts and given in the course of a day, will not appear in the urine, when the same amount in one dose will invariably increase the sugar contents of the urine. It is also not to be overlooked that inulin, said to be procured from the roots of Elecampane (Inula Helericum), used in the form of *inulin biscuits,* and suggested by Kuelz, has

Digitized by Google

been used, but sparingly so, because of its expense. How changed all this will be when we can procure this starch from our own Jerusalem artichoke roots. A. S. v. M.

The Therapy of Cold.

According to Blackader the effect of cold air on the body is twofold. First, there is an actual extraction of heat, which is rarely desirable, and as far as possible should be prevented. The body loses the largest amount of heat through conduction and this should be prevented by proper clothing. Much more important than the abstraction of heat from the body is the stimulating action of the cold on the delicate sentient nerves of the periphery. Both respiration and circulation are strengthened, oxidation is increased, and nutrition becomes more active. There is also a powerful stimulation conveyed to the medullary centers by the effect of cold air on the nasal mucous membrane. Cold, provided it be not excessive, has a markedly stimulating action on the digestive system. Cold also seems to stimulate the blood-forming organs. As a result of these factors, the resisting powers of the body against toxins and its ability to respond protectively to the assault of infection is greatly increased. These benefits of cold depend, however, on the power of the individual to react and this varies greatly and seems to be dependent on the vasomotor tone. Those suffering from any interference with the free passage of air through the nostrils do not react well to cold air. Inflammatory conditions of the larynx and trachea may be subjected to additional irritation by cold air. To benefit from a winter in the north, the intestinal tract and the kidneys should be in good working order. Extreme cold is not desirable for those suffering from gout, arthritis or neuritis. For those suffering from advanced degeneration of any organ for those advanced in years and for the very young extreme cold may be distinctly harmful. It cannot be too strongly emphasized that all the benefit to be derived from a residence in the north will depend on the completeness with which an outdoor life is lived.

Digitized by Google

ORIGINAL ARTICLES.

Symposium On Typhoid Fever.

Etiology and Pathology of Typhoid Fever.

*By J. M. Mayhew, A. M., M. D., Lincoln.

In the few moments assigned to me for the discussion of these subjects, I will not endeavor to cover the field with any degree of completeness, nor will I bore you with the ordinary facts that can be found in any text book. I will try, however, to place before you in concise form some of the newer factors in the disease that bear close relation to these two titles and have even a closer relation to our study of the disease in our own communities. Dr. H. H. Waite, who made most careful and painstaking investigations of our own recent epidemic, I have asked to assist me by leading the discussion of this paper and I assure you of many interesting facts that he can bring out from his recent experience.

Typhoid fever is incited by the bacillis typhosus. The body reacts to this bacillus with characteristic lesions, especially by hyperplasia and necrosis in the lymphatic structures of the intestine and mesentery and in the spleen, as well as by more general actions incident to toxaemia and septicaemia.

The resisting powers of the bacillus typhosus are very great and this resistance lends a great factor to the subtle danger of epidemics. The thermal death point is 156 degrees F. According to Klemperer, the bacilli remain vital for three months in distilled water though in common water the more vigorous saprophytes consume them earlier. When buried in upper layers of soil, they retain vitality for six months. Cold has no effect on them, for repeated freezing and thawing fail to kill. They live on linen for 60 to 70 days. They remained alive over sulphuric acid in a dessincator for 203 days. They have retained their vitality in ice for 90 days. Of all agents except high heat, sunlight seems to be the most powerful to destroy it. The experiments carried out at the University of Pennsylvania, go to show that insolation for two hours destroys 98 per cent of the bacilli and in six hours kills all. This observation made first in 1890 by Jonowski has been repeatedly confirmed.

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

No one who works with the two groups of bacilli, the colon and the typhoid, and especially with the intermediate forms, can fail to be impressed with the narrow margain of differentiation, from a physiological standpoint, separating them. Many are now inclined to consider the typhoid bacillus as a modified colon bacillus, i. e. a fecal bacillus unaltered morphologically, but one which has acquired physiologic characters due to a prolonged sojourn under saprophytic conditions. This view advanced by Rodet and Roux about ten years ago has steadily gained ground, although it is by no means firmly established. This theory would explain the anomalous behavior of typhoid under natural conditions, both from a clinical and pathologic viewpoint.

At present we are inclined to regard the morphology of the typhoid group as more constant than that of the colon. Both are non sporagenous, the clear spaces in the cell, once thought to be spores, being due to plasmolysis.The physiologic differential features of the extreme types, as we study them under artificial conditions in the laboratory, seem sufficiently marked to be distinctive. The intermediate types give rise to confusion and skepticism under even such characteristics as the fermentation reaction, milk coagulation, indol production and the like; even agglutination may scarcely be said to be infallible. Without entering into a discussion of the repeated steps in differentiation, I may say that the agglutination test is the most reliable one.

Although the typical specific bacilli have only been demonstrated in drinking water in occasional instances, it is held to be the usual medium of contagion. Epidemics of the disease can, in the great majority of cases, be traced to contamination of water. Hence typhoid is essentially a water born disease. Milk, oysters, plants like radishes or celery, fruits, etc. Another method of contagion, the importance of which was clearly demonstrated during the Spanish war, is by means of certain insects, particularly flies. The festive bed bug and the frisky flea also come in for their share of the blame of contagion. The possibility of air borne contagion cannot be denied, although it has not been proved.

The disease is disseminated from the bacilli contained in the urine and feces of the patient.

Kayser, after investigating the cause of all cases of typhoid —505—occurring in Strassburg, during a period of nearly

Digitized by Google

four years came to the conclusion that only 9.5 per cent were directly due to carriers while 19.5 per cent were due to direct contact with cases of the fever. The proponderance of cases of infection derived directly from contract with a patient over that of a carrier was found also by French in a campaign against typhoid in S. W. Germany. Lumsden, in an epidemiological study of typhoid fever, stated that he regarded personal contact with patients as one of the major factors concerned in the transmission of the infection in the District of Columbia.

The question now resolves itself as to the responsibility of the carrier and whether we are justified in adopting harsh measures in dealing with these unfortunates for the protection of the community.

The epidemiological aspect of the question has been admirably dealt with by Theodore Thomson, C. M. G., in his Presidential address to the Epidemiological Section of the Royal Society of Medicine. Thomson chiefly confines his attention to the two practical questions: What is the proportion of "carriers" in the community, and in what degree is the carrier a danger to those amongst whom he lives? In attempting to give a true answer to the first question, Thomson has to rely principally upon the published work of German investigators. After briefly alluding to the distinction drawn between "temporary" and "chronic" carriers, and after pointing out that re-examination has shown that some persons who have at one time been declared to be temporary, would later have to be put into the category of chronic carriers, the author concludes that about 3 per cent of persons who are attacked by typhoid fever become chronic carriers, if the present methods of examination be regarded as sufficient; but if the bacteriological examination of the excreta of typhoid convalescents were to be more frequently made than is usually the case, a higher percentage would certainly be revealed.

In not a few instances a history of previous typhoid fever is lacking in some persons who are found to be carriers. Several observers have endeavored to ascertain the proportion of carriers in any given population. The results of their enquiries, so far as they go, show that about 3 per cent of the population are in that condition. Thomson attackes the problem from a different point. He writes as follows: "Some degree of knowledge as to the extent to which the carrier condition is directly dependent on a previous attack of enteric fever may perhaps

Digitized by Google

be looked for in an endeavor to ascrtain whether any increase in the number of carriers takes place in a community which has recently suffered from a severe epidemic of enteric fever. If a material increase in the number of carriers in such a community takes place after an epidemic of the fever, it is to be expected, on the assumption that the carrier is a material danger to others, that there will be an appreciably greater amount of enteric fever in the community in years following the epidemic than in years preceding it." He then discusses the well-known epidemics of Worthing, Maidstone, and Lincoln, and shows that there was no material increase in the disease in those towns in the years immediately subsequent to the epidemics; so that either there were few carriers created by the epidemics, or, if there were carriers resulting from them in any large number, they were not particularly harmful to the communities inhabiting the towns in question. On the basis of 3 per cent of those who are attacked by and recovered from typhoid fever, in each of the epidemics, there would have been 39 carriers in Worthing with a population of about 17,000, 57 in Maidstone with 33,000, and 30 in Lincoln with 52,000. This would probably be an underestimate of the number; moreover, it takes no account of those carriers occurring amongst the persons who had not had typhoid.

The age incidence of temporary carriers (those who carry the bacillus for less than three months) is similar to that of enteric fever; but the age-incidence of chronic carriers is widely different; very few of these are under fifteen years. As regards sex, while there is an excess of temporary carriers amongst females to about the same degre as there is an excess of typhoid fever in the same sex there is a very notable excess of females over males amongst chronic carriers; about 83 per cent of the former to 17 of the latter. But women, from their household duties, are more likely to be detected as carriers than men.

Thomson calculates that if 3 per cent of the persons who go through an attack of typhoid fever and recover become chronic carriers, there are at the present time in Manchester some 2,000, in London more than 14,000, and in the whole of England and Wales about 108,000 carriers.

In discussing the second of the two questions, that of the degree of danger a carrier is to the community, Thomson points out that observations go to show that the excretion of the bacilli by the patient is usually intermittent, so that a carrier is not

Digitized by Google

continually infective. This is shown by various examples. Here and there a particular carrier may be responsible for much mischief. The most noteworthy example is that of the Folkestone cowman whose case has recently been investigated by R. W. Johnstone. There is every reason to believe that to this man might be attributed 64 per cent of the cases of enteric fever that occurred in Folkestone during the period 1896-1909; the total number of cases during this time was 222. On the other other hand, the history of Worthing, Maidstone, and Lincoln immediately following their epidemics, goes to show that, generally, the carrier is not very harmful; and "an argument of somewhat similar sort, tending to minimize the importance of the carrier as an infective agency, has been advanced by Linossier. He states that in 1909 nearly 100,000 persons visited Vichy, of whom, he estimates, about 10,000 were sufferers from gall-stone disease, who went there for treatment. In view of the recognized relationship between that diesase and the carrier condition, many of these persons must have been carriers; and he states that the conditions of life during treatment at Vichy are eminently favourable to the transmission of infection. Therefore, he says, the Vichy season should be a signal for an outbreak of enteric fever among the population there. Nothing of the kind, however, occurs, from which he infers that chronic carriers are not all equally dangerous, and that they are not a danger at all save in special circumstances." These facts borne out as they are by comparative findings do not eliminate the carrier as a community menace—but certainly lowers him in standard to a considerable extent. These facts must be ascertained in our own communities for it is only through the most extreme care and caution that milk and water borne typhoid can be fully eliminated.

Typhoid Fever: Treatment.

*By W. F. Milroy, M. D., Omaha.

As with all patients suffering from infectious diseases, typhoid cases thrive best in an abundance of fresh air. A rather firm bed, perfectly smooth is best. It is of great importance that the patient be put to bed and treatment instituted as early as possible. It is wrong to wait for a positive diagnosis. If typhoid is suspected the patient should have the benefit of the

---

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

doubt and all measures adopted precisely as though a diagnosis were certain. No exception whatever to this rule should be permitted because of the mildness of the attack. Patients should use a bed pan. Mental as well as physical rest is of the greatest importance. Entertainment of the patient, as for example, by reading to him or receiving visitors should be forbidden, even in mild cases.

Antiseptic therapy has no direct effect upon the disease. Nevertheless it has a value sufficient to warrant its use. Some have ridiculed the idea of the administration of intestinal antiseptics for the reason that the intestine is not rendered sterile by this means. It has never been claimed that such a result is secured, but it is perfectly certain that the degree of infection can be materially diminished. Upon the kidneys rests chiefly the duty of eliminating the products of typhoid infection and the thoroughness with which this is done will largely determine the degree of damage that shall be inflicted upon the organism during the course of the disease. Now, one of the principal sources of the toxemia of normal urine is absorption from the intestines. Experimentally Bouchard and others have greatly diminished the toxicity of normal urine by the administration of intestinal antiseptics. Since the safety of the typhoid patient depends so largely upon the successful activity of the kidneys and since the burden thrown upon those organs is materially lightened by the use of intestinal antiseptics these ought to be used. Furthermore, the depraved character of the digestive fluids, the inflamed and ulcerated condition of lymphatic structures along the intestinal tract, the weakened or even paretic state of the musculature of the intestinal walls and most of all the general toxemia of the patient in typhoid fever, all of these promote fermentive and putrefactive processes in the contents of the intestine. From this condition results gaseous distention tending to hemorrhage and perforation, diarrhoea, interference with the neutrition of the patient, a higher temperature, nervous symptoms, and general distress of the patient. Intestinal antiseptics are of great value in guarding against these difficulties. This I have demonstrated repeatedly and to my entire satisfaction, years ago. No single antiseptic to the exclusion of all others is insisted upon. Betanapthol, the sulpho-carbolates, salophen, acetozone and others, including the carbolic acid and iodine mixture of Roberts Bartholow may be used. My own choice has been for many years, the last named mixture. It consists of a grain of carbolic acid and two minims of tincture

Digitized by Google

of iodine to the dose, usually given in pepermint water. It may be given in a capsule, provided care is taken that food is in the stomach before it is given. The late William Pepper thought Bartholow's treatment a joke, but he advised giving it three times a day only, in which amount its effect certainly would not be appreciable. At the same time, Pepper was himself an enthusiastic advocate of the use of intestinal antiseptics, only be advocated silver nitrate as the great remedy for this purpose. Two things are necessary for the effective administration of these remedies. They must be given in doses sufficiently large and they must be given at short intervals. The interval between doses must not be greater than two hours. I often give them for a limited period every hour.

It must ever be remembered that typhoid fever is not a local disease, but a systemic infection. One often hears the thought expressed or implied that in the treatment of this disease, control of the temperature is the one paramount object to be attained. This is a fundamental and very hurtful error. It is however true that the degree of fever may be accepted as an index in great measure to the severity of existing toxemia, and consequently a guide in treatment. Now, the only rational method of reducing temperature is hydrotherapy since it alone eliminates the fever-exciting toxines. To employ the coal tar products for this purpose is a positive damage since they actually promote retention of the toxines. The full cold bath of Currie and Brand, in the absence of special contra-indications, is the only proper method of application of hydrotherapy. As has been remarked, "Every deviation from the simple principles of this method gives less satisfactory results." In my opinion, no other mode of application of hydrotherepy is in the same class or comparable in its results with the Brand bath. The test in this comparison is not the simple, mild case, it is the complicated and dangerous case which demands the best we have. I am in hearty accord, for example, with Edwards when he remarks in reference to cold sponging: "It is a refreshing and quieting placebo." The powerful effect of the Brand method in increasing the toxic coefficient of the urine has been amply demonstrated. In other words, toxic bodies which under every other method of treatment, remain in the blood to accomplish their deadly work, are by this means eliminated as rapidly as formed and the patient escapes uninjured. The advantages of the Brand bath are (I) It saves 6 or 8 lives in each 100 cases. (II) Toxemia is so far diminished that delirium, insomnia and other nervous

Digitized by Google

symptoms do not apepar. The digestive system maintains a comparatively healthy condition and nutrition does not suffer severely. The heart retains its power and the patient does not become extremely prostrated. Bed sores seldom occur. (III) As already stated, activity of the kidneys is greatly stimulated, resulting in enormously increased elimination. (IV) The clinical course is shorter. The patient is only comfortably sick, the traditional typhoid condition is conspicuous by its absence and the duration of convalescence is greatly abbreviated.

Briefly stated, the contraindications to the use of the Brand method are hemorrhage or perforation, pronounced alcoholism, great prostration, extensive arteriosclerosis or cardiac disease and severe phlebitis. I have not time to discuss the objections offered to this treatment. I will simply remark that it is not cruel. People will not oppose it when they are acquainted with the facts in reference to it. It does not increase the danger of complications. Other methods of applying hydro-therepy do not yield as good results. It is available outside of hospitals and homes supplied with a water system. It does involve some labor for the nurse, but that must not be permitted to prohibit its use.

Now, in mild cases that do not come within the scope of the Brand method a daily sponge bath is desirable.

I may mention a few special symptoms that require attention. The initial bronchitis may be benefited by a simple cough mixture or a few doses of codeine. It seldom persists after the first few days. Common sense should dictate the condition in which the bowels are to be maintained. Some have discovered wonderful efficiency in obstinate constipation and others in a persistent diarrhoea and have even in print advocated such ideas. Enemeta are safe in constipation and yet I have seen the most obstinate constipation develop when there was a daily movement produced in this way. This has its danger and should be forestalled by the use of mild cathartics. Diarrhoea depends as a rule upon toxemia or bad digestion. The best treatment is the bath. Also, calomel, two to two and one-half grains in divided doses followed by a mild saline and attention to the diet are indicated. If the condition is not promptly remedied bismuth should be given. The treatment for tympanites is usually the treatment for diarrhoea or more especially care of the diet. For the early headache an ice bag may help. To continue this throughout the disease is a nuisance to the patient and unnecessary. The worst nervous symptoms vanish when

Digitized by Google

the bath is employed. The presence of delirium is proof of bad treatment. For heart weakness the best drug is strychnine. Alcohol and ligitalis may be used if found efficacious. Also secure rest and nourish the patient.

Most amazing for their contradictions are the countless measures that from time to time have been advocated in the management of typhoid fever. I suppose the end is not yet. The matter of the feeding of these patients has received its full share of discussion and of diversity of opinion. To me it would appear that common sense is applicable here as elsewhere. It can not be doubted that the typhoid patient has need of all the strength he can muster for the fight he has to make. How best to nourish him is another problem that I have not the time to discuss. In a word it would seem that the food ought to be nourishing, digestable and such as will do the least damage in the intestine. To meet these indications I would urge you to stick to the old friend, milk. It may be more or less modified—diluted, peptonized, mixed with some soft thin gruel or given in connection with lime water. Milk is the best article to serve as the basis for feeding. The stools should be carefully inspected to be sure that it is properly digested. The presence of fever, I take it, creates a demand for some additional carbohydrate. Maltine or a similar preparation or one of the gruels already referred to meets this demand. Give the food not oftener than once in two hours. I prefer to give it every three hours with one six hour interval in the night. In my opinion it is simply fool-hardy to give typhoid patients an unrestricted diet. I protest against any approach to such a thing.

I would like to make a few remarks about the care of the convalescent patient, but dare not take the time.

I am perfectly aware that I have given you nothing new in reference to the treatment of typhoid fever. It was in 1787 that James Currie, the friend of Robert Burns and editor of his poems, advocated this treatment. Nathan Hale of Yale supported it strongly. Since 1861 it has been especially associated with the name of Brand who apprehended its value so fully that he expended enormous labor to convince the profession of their duty in reference to it as a means of saving the lives of their patients. I want to tell you, gentlemen that quite too many therapeutists are like certain ancient Athenians who "Spent their time in nothing else but either to tell or to hear some new thing." This remark is not to be construed to mean the least

Digitized by Google

disparagement of progress in therapeutics. But as we progress let us bring along with us all that has genuine merit of that which is already in our possession. In this society and in others, as well as in my clinical teaching, I have for many years urged the value of the Brand bath in typhoid fever. I was pleased when the chairman offered me this opportunity to again insist upon it. This treatment is right in principle for the reason that it aims at the elimination of the toxines which destroy the patient. That is to say, it strives for the removal of the cause of the trouble. And yet it does not touch the fundamental cause. It comes the nearest to that, that has so far been possible. One step yet remains to be taken, viz: the discovery of a substance which will prevent the very formation of these deadly toxines. When that remedy has been discovered it will supercede the Brand bath as nothing else will. It may be that this long-sought remedy is even now within our grasp. Let us hope that this is true.

To Dujardin-Beaumetz is credited the remark: "The best treatment for typhoid fever is a good physician." The physician must have a comprehensive view of the disease with which he is contending, recognizing that back of everything is that one active agency which is destroying his patient, yet he must not for a moment forget the multiplicity of its manifestations "Eternal vigilence" is his only safety.

Typhoid Fever In Infants.

*By H. M. McClanahan, M. D., Omaha.

Until recent years typhoid fever was not recognized as an entity among infants. In 1892 the late Dr. Christopher read a paper before the American Pediatric Society on typhoid fever in early life. The sentiment among the members was that the disease was extremely rare. Holt in his last edition says that he has seen no case under two years, in eight years service in the New York Infant Asylum where there were 10,000 cases and 700 autopsies. No case was recognized as typhoid fever in New York Foundling Asylum in 25 years. Morse states that until a few years ago, he had seen but two cases in twenty years in the Infant's Hospital in Boston. It should be remembered that these are in well organized hospitals where the milk and water supply are carefully guarded. Largely through the

*Read before the Nebraska State Medical Association. Lincoln. May 7-9, 1912.

Digitized by Google

writings of Griffith of Philadelphia, the sentiment is growing that typhoid does occur at any age, but that most of the cases are in private practice, and during epidemics of typhoid fever. Hence infants do not present a complete immunity to this infection. It is recognized by all writers that the disease is more difficult of diagnosis during infancy, and it is probably sought for. It is the concensus of opinion that typhoid is less severe in children, that there are fewer complications because of normal organs, and that the lesions in the intestinal tract true that many cases go unrecognized because they are not are not as marked as in adults, that is, there is less ulceration. In infants the lesions of typhoid cannot be differeniated from those occurring in other intestinal diseases.

We will consider the subject under the following classifications.

1st—Foetal Typhoid.

The expression foetal typhoid means the infection of the foetus in utero, where the mother is suffering from typhoid, and its premature expulsion. Authorities state that 70% of pregnant mothers with typhoid fever go into premature labor. I quote as follows from McCrae in Osler's System: "In a certain number of cases there is intra-uterine infection; the foetus shows a septicaemia without internal lesions. This is not invariable, as there are instances in which the child escaped, as in some of this series in which the Widal reaction was not given by the blood of the foetus and cultures were negative. The conditions which determine the passage of the bacilli from the maternal to the foetal circulation are not positively known, but probably some disease of the placenta is necessary, and hemorrhagic infarcts have been found in several cases. When the foetus becomes infected, death follows in the majority of cases, but this is not invariable. The presence of bacilli must be proved before a diagnosis is made." It is generally understood that this is due to the influence of the toxin upon the foetus, and this is certainly true in many cases, because frequent examinations of the blood of the foetus have been made with negative results. On the other hands, that the bacilli itself may pass from the mother to the foetus is also established. Griffith in 1892 in the *American Journal of Medical Sciences* reported six cases of foetal typhoid. Other cases have been reported by McCrae, Wilson and Morse.

2nd—Congenital Typhoid.

By congenital typhoid is meant children born alive and

Digitized by Google

giving evidence of the disease very soon after birth, in cases where the mother had typhoid fever. Griffith in the same paper reported 23 cases of this type. It is an established fact that young infants born of mothers suffering from typhoid fever, may exhibit the Widal reaction without having any clinical symptoms. Morse states that the agglutinating power may be transmitted to the infant through the palcenta, not only during the course of the typhoid fever in the mother, but even when pregnancy has taken place, some time after recovery, and that it may also be transmtited through the milk. Hence, the Widal reaction is less valuable in early infancy, and would not be proof of typhoid without clinical symptoms. Griffith suggests that in these cases the subjects might have had typhoid in utero, or that the agglutinating principle has past from the mother to the child through the placenta. McCrae reports a case where typhoid bacilli were found in the chorion. Of 23 cases of congenital typhoid reported by Griffith there were 19 deaths, and 3 recoveries. It is an interesting fact that postmortems on the congenital cases show an absence of severe intestinal lesions as would be found in adults.

3rd—Typhoid Fever In Infancy.

Griffith in 1892 collected reports of 139 cases occurring in the first year of life. 52 of these occurred during general epidemics. 77 terminated fatally, 28 recovered, and in 34 the results were not mentioned. It is interesting to learn that one of these cases was reported by W. P. Northrup of New York. This author has charge of the Pathology reports of the New York Foundling Asylum where in 2,000 autopsies, he did not find any with the intestinal lesions of typhoid. In his cases the symptoms were diarrhea, enlargement of the spleen, eruption and positive Widal reaction. During the second year of life, Griffith has collected 187 cases. In this group 69 recovered, 32 died and in 86 the results were not mentioned. He explains the high mortality in these tables upon the theory that only the severe and well marked cases were reported. Since Griffith's very exhaustive report in 1892, typhoid fever has been reported by many writers, so that the theory that infants are immune, is not tenable, and it becomes the duty of the physician to search for this disease at any age. As I have said, typhoid is certainly more rare in infants than in children and adults, and more rare in hospitals than in private practice.

The modes of infection, of course are the same as in adults,

Digitized by Google

and there are reasons why infants would be less liable to be infected. Breast fed infants, of course, are largely exempt. The heating of the milk in the bottle fed infant, naturally destroys the bacilli, if present in the milk. Also, many cases of typhoid in adults are due to infection from the care of the disease, as nurses and attendants. This is a danger which the infant escapes. On the other hand, the washing of bottles and nipples with unboiled water, is a possible source of infection. An interesting mode of infection as recorded by Bloch in a Paris Hospital where an epidemic of typhoid fever occurred in the Scarlet Fever pavilion. It was found that children had been bathed in one tub, and the same cloths had been used for several patients. From the pus from the vagina of two or these patients, typhoid bacilli and gonococci were obtained. It was presumed that the bacilli were conveyed from one child to the other by the clothes or bath water and then carried to the mouth by the hands, and 52% of the children so exposed contracted typhoid fever.

The symptoms of typhoid in children do not differ from those in adults, and that phase of the subject has already been thoroughly covered by Dr. ..... Before speaking of the symptoms in infants, I wish briefly to report three cases:

1st. Kathryne B., age 4½ years. Taken sick in August, 1910. Diagnosis made at the end of week because of enlarged spleen and rose colored spots. Widal test positive. Beginning of third week developed delirium and opisthotonus. Case seen by Dr. Aikin. These symptoms subsided, fever persisted, and the fifth week developed severe pain in the left leg followed by swelling and an enormous abscess on the inner side of the thigh. near the knee. This was opened and drained and the wound closed in the tenth week of the disease. Emaciation extreme, recovery complete, and at this writing child entirely well.

2nd. Dorothy W., age 5 years. Spent one week in Iowa in January. Returned home. Was taken sick. Typhoid fever diagnosed. Taken to M. E. Hospital February 3rd. Nothing unusual until February 7th when there developed a severe ulcerous stomatitis. This gradually grew worse and in the morning of February 10th there was a general edema of the face and neck and the patient died in the afternoon. There were no other complications. The urine gave the diazo test with the presence of indican and a trace of albumin. I cite these two cases to show that complications may occur in children equally as severe as in adults.

Digitized by Google

3rd. Baby Fish. Jewish parents with unhygienic environments. Infant age 16 months. Taken sick suddenly. Temperature 105. General convulsions. I thought it a case of intestinal sapraemia and gave the routine treatment of calomel and oil. The next day found the bowels had moved freely, but the temperature was 104. Child lay in a stupor and there was certainly decided rigidity of the muscles of the neck. I naturally thought of meningitis. Next three days temperature still 104. Decided opisthotonus, delirium. Did a lumbar puncture but the fluid was entirely clear. 4th day opisthotonus less marked. Fever 102 and I thought the meningeal symptoms due to irritation. I made no visit to the child until the seventh day. At this visit for the first time I discovered some enlargement of the spleen and a few scattered rose colored spots. This was my first hint that it might be typhoid fever. I sent a sample of the blood to the City Laboratory and received the report that Widal test was positive. The spleen continued to enlarge, more spots appeared and the third week of the disease, the child had a severe intestinal hemorrhage. After this made an uneventful recovery. The case illustrates the difficulty of an early diagnosis.

Diagnosis.

Except in the presence of an epidemic, the diagnosis cannot be made until at least the end of the first week. In my personal experience, I have confused typhoid fever with the following diseases:

1st. General maliary tuberculosis. In that case I knew nothing of the previous condition of the child and found it with an irregular fever and diarrhea. When these symptoms continued after clearing out the bowels, I thought of typhoid. When at the end of the week I could find neither rose colored spots nor enlarged spleen, I decided that I had made an error in the diagnosis. Fatal result.

2nd. Tubercular Meningitis. Many of these cases begin with slight fever, vague pains and for some days closely simulate typhoid.

3rd. Cerebro Spinal Meningitis. I have cited one case begining acute and simulating this disease. Central pneumonia. Here were have the fever, often delirium and the absence of the local lung symptoms for some days. The one clinical symptom that might throw light on this class is the increased rate of respiration.

Digitized by Google

4th. Intestinal Infections. In these cases we often have fever, diarrhea, anorexia and for some days may naturally suspect typhoid. In all of these conditions the Widal test does not aid us until at least the end of the week. In some the blood count will render decided help. Examination of the faces for Elberths bacilli requires complete laboratory and several days time for making of cultures. The same is true of the examination of the urine. Two clinical symptoms of most value are the enlarged spleen and the rose colored spots. "Especially a succession of crops of papulo macular rose pink spots distributed over the upper abdomen or lower thoracic regions disappearing on pressure or when the skin is made tense, each spot fading in the course of three or four days. This does not occur in any other febrile infection and may be regarded as rendering a provisional diagnosis positive." The enlarged spleen is ever constant and not only that, but the progressive enlargement of the spleen. These two symptoms when associated with fever establish the diagnosis clinically. In the absence of these symptoms a positive Widal test should be evidence of atypical typhoid.

The treatment of typhoid fever in infants will be along the same general lines as those already indicated by the previous writer. Infants do not bear baths well, and sometimes do not react even to cold sponging. Their diet requires special care. Milk frequently tends to produce constipation.

Conclusions.

1st. The foetus may be infected in utero by the typhoid bacilli.

2nd. The infant may be born at full term normal and develop the clinical symptoms of typhoid within a few days, as a result of infection through the placenta.

3rd. The infant's blood may respond to the Widal test without it having any evidence of the disease.

4th. Infants under two years are relatively immune to typhoid.

5th. Infants under two years are less liable to be infected by typhoid, than children or adults.

Digitized by Google

Anti-Typhoid Inoculation.

*By JOHN MONRO BANISTER, A. B., M. D. (Colonel, U. S. Army, Retired) Omaha.

It is now thoroughly recognized that typhoid fever is a bacteriemia. Infection takes place through the gastro-intestinal tract, the foci of infection being the lymphoid tissue in which the digestive tract is so rich. From this tissue, which furnishes ideal conditions for their development, the bacilli find an easy entrance into the blood stream, and are then distributed throughout the body. They do not multiply in the blood stream, however, but in the bone marrow, spleen, and mesenteric glands, whence they are discharged in countless millions into the circulation. The toxin produced by the micro-organisms is not soluble in the blood, but is contained in the bacillary structure itself.

It is an established fact that an attack of typhoid fever will confer a marked degree of immunity against further seizure, and hence it would seem that any method by which it might be possible to establish an artificial immunity through the creation of similar anti-bodies would prove a boon to the human race.

It would appear from results obtained during the last few years in the military services of England, Germany and the United States, that we have at hand such a means in the use of anti-typhoid inoculation.

Not only does such inoculation have a marked effect in preventing typhoid fever, but it also seems to have a decided influence in shortening the disease and rendering its course more benign when administered *during the attack.*

In discussing the subject of anti-typhoid inoculation therefore, I shall treat of it both as a preventive, and as a therapeutic measure.

1. Anti-typhoid inoculation as a preventive measure:

For the data, which we now possess relative to this means of prevention against one of the greatest of all the ills, which escaped from the fabled box of Pandora, the world is indebted to the military surgeon, just as it is for our knowledge of the protozoan character and method of transmission of the malarial parasite, and of the means of transmission of yellow fever, to mention only two of the debts under which humanity has been placed by the self-sacrificing labors of the members of the medical corps of the armies of civilized nations.

In military campaigns, typhoid fever has long been the

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

enemy most to be dreaded, and hence it has received its full measure of attention from the military surgeons of the world, with the result that most valuable data with reference to this disease has been obtained and published to the professional world for the benefit of humanity. According to our statistics in this country 80,000 cases of typhoid fever occurred in the Union armies during the Civil War. Of the 107,973 troops raised for our national defense in the Spanish-American War 20,738 succumbed to typhoid, with a mortality of 1,580, that is, one-fifth of our force was rendered *hors de combat* from this cause alone, and the mortality therefrom amounted to 86% of the total deaths from all causes during the war. In the Franco-Prussian War 73,396 cases of typhoid fever occurred in the German army alone, with a mortality of 8,739, which constituted 60% of the total mortality for the war. During the Boer War there occurred in the British forces 31,000 cases of this disease with 5,877 deaths.

Until the immediate present it was an accepted belief that if troops should be aggregated in large camps and kept in them for a few months, even with the best of sanitary precautions in force, typhoid fever might be expected to make a serious attack upon the command.

With this view of typhoid fever in mind, the military surgeons of civilized nations have been eager to take advantage of the results of scientific investigations in the direction of securing artificial immunity, and to make a thorough application of these findings in the case of the military personnel.

As the direct result of these experiments on a large scale the human race stands fair to be furnished with a most valuable preventive measure, which may be instrumental in saving many thousands of valuable lives each year, as well as in removing the cause of an extreme amount of suffering and financial loss to the public.

Let us now in a very brief way outline the experiments in the direction of artificial immunity, which led to the use of the anti-typhoid inoculation as a protective measure in the human being.

Fraenkel and Simons, incited by Pasteur's success in immunizing animals against anthrax, began in 1886 to make experiments of the same type in the case of typhoid, and succeeded in immunizing rabbits by the use of living typhoid cultures. A little while later Beumer and Piper similarly conferred immunity on mice.

Digitized by Google

Nothing, however, was accomplished in a practical way by these experiments in the case of men, owing to the serious objections against the use of living cultures in the human subject.

In 1892 it was proved by Brieger, Kitasato, and Wasserman that the use of living cultures was not necessary, as a strong immunizing effect could be secured by dead cultures. Pfeiffer proved that the toxin of typhoid bacilli is not soluble, like that of diphtheria, but is contained in the bacilli themselves—hence the value of the use of dead cultures for purposes of immunization.

In 1896 Pfeiffer and Kolle in Germany and Sir A. E. Wright in England, the latter being them connected with the English army, were able to report successful attempts to immunize the human subject. The two observers, first mentioned, proved that agglutinins were produced in the blood when inoculation with the dead bacteria was practiced, and further still that the bacteriolytic power of the blood was increased just as it is during an attack of typhoid fever. In the following year Wright published a report of the results in 18 cases, and two years later he inoculated 4,000 men of the British Indian Army with excellent results, and upon the outbreak of the Boer War administered similar prophylactic treatment to 100,000 English volunteers. These inoculations were satisfactory in some instances as preventive measures, and unsatisfactory in others, and finally the method was discontinued in the English service owing to the difference of opinion as to its value.

Sir William B. Leishman, of the Royal Army Medical Corps, was associated with Wright in this work and he finally came to the conclusion that the failure of the inoculations at certain times was in all likelihood due to overheating, which destroyed the efficiency of the vaccine. The method has been reintroduced in the English army, with a system of preparation of the vaccine which does not permit of a heating above 53 degrees C. for one hour, and is now being actively pushed with admirable results.

The Germans from 1904 to 1907 used anti-typhoid vaccine in the case of their troops in South West Africa in the Herero campaign with the result that, while the percentage of cases among the unvaccinated was 9.84, among the inoculated it was only 5.09, and when the fever *did* occur among the latter class it was milder, with only half as many complications. In the

Digitized by Google

case of the English troops in India, according to the statements of Leishman, the ratio of attacks in the inoculated to those in the non-inoculated is less than 1 to 5.

Now let us look into this matter from the American standpoint and see what has been done in our own country in this direction.

I consider that the profession in this country is under a great debt of gratitude to Major F. F. Russell, Medical Corps, U. S. Army, for his invaluable work in making anti-typhoid inoculation a brilliant success in the United States, as it is owing to his laboratory efforts in preparing a standardized vaccine, and to his literary propaganda that our results are what they are today. Being in charge of the bacteriological laboratory of the Army Medical School in Washington he has most zealously devoted himself to this work, and all the anti-typhoid vaccine used in our military service has been prepared under his personal direction, and in accordance with his method. The writer is deeply indebted to Major Russell's published articles for the salient facts presented in this paper. [1, 2, 3.]

The virus used in our army "is prepared by growing a selected non-virulent strain of the bacillus on agar for 18 hours and then emulsifying the growth in salt solution. The vaccine is standardized by counting bacilli, and is sterilized at 56 degrees C. for one hour; ¼% of tricresol is added as a preservative." This vaccine is standardized so that each c. c. contains 1,000,000,000 bacilli, and is put up for use in 1 c. c. and .5 c. c. glass ampoules. It must be clearly understood that the vaccine contains only dead bacilli. A complete inoculation comprises three hypodermic injections, the arm near the insertion of the deltoid muscle being the site chosen. These injections are given at ten day intervals, for the first injection .5 c. c. of the vaccine (500,000,000 bacilli) being used, and for the other two injections 1 c. c. (1,000,000,000 bacilli) being the dose. The arm is thoroughly scrubbed, and before and after each injection is treated with tincture of iodine diluted with an equal volume of alcohol. Perfect sterilization of the skin is secured in this way. The

1. "The Prevention of Typhoid Fever by Vaccination and early Diagnosis and Treatment." Major F. F. Russell in the Military Surgeon, 1909.

2. "Anti-typhoid Vaccination in the American Army." Major F. F. Russell, Journal American Public Health Association, July, 1911.

3. "The Prevention and Treatment of Typhoid Fever with Anti-typhoid Vaccine". Major F. F. Russell, Boston Medical and Surgical Journal, January 5th, 1911.

Digitized by Google

syringe is treated in accordance with the usual technique and the glass container is washed off with an antiseptic solution before being opened. In accordance with the instructions of the Surgeon General no person should be subjected to the vaccination who is not perfectly healthy and free from fever at the time, and in cases of doubt the temperature must be taken and the urine examined. No alcoholic drink is permitted on the day of the treatment.

The reaction, as a rule, is over in about forty-eight hours. There is usually some malaise and slight headache, and a redness and tenderness over an area about as large as the palm of the hand at the site of the injection. Sometimes there is tenderness of the lymphatic glands of the axilla.

Some reactions have been decidedly more severe. The number of such is really very small, however, and need cause no uneasiness, as no objectionable results of any kind have been experienced in the large number of instances in which the inoculation has been practiced in our service, and all symptoms disappear completely in 48 hours.

The vaccination is well borne by women and children, in whom the dose is proportioned to the bodily weight, 150 pounds being taken as the unit. The Widal reaction is always noted after prophylactic treatment by this method. According to the Surgeon General's statistics this reaction appears in ten days after the first dose and remains positive for from six months to a year. This fact must be borne in mind in making this test in the case of persons suspected of having typhoid, in whose cases immunization has been attempted. In such cases this test is valueless, and the only reliable one is the examination of blood cultures to detect the presence of the typhoid bacilli. In fact the diagnosis must in such cases be confirmed by blood cultures. In 100 per cent of the cases of typhoid fever in the first week of the disease, positive blood cultures can be secured by the oxbile method of Conradi. This is the method in use in the U. S. Army.

Let us look into the final results of the use of this method of immunization in our service.

Vaccination against typhoid in our army was begun in March 1909. Until last summer this method was used only in the case of those who desired the protection, but at present the routine administration of the anti-typhoid inoculation is required under orders in the case of all officers and soldiers under forty-

Digitized by Google

five years of age. It is assumed that an immunity of three years duration is caused in each case, in which the three vaccinations have been made.

The reaction has been very unobjectionable and indeed may be considered a negligible consideration.

The following table, as published by the Surgeon General's office will show how little we have to fear on this score. This includes statistics for 1909, 1910, and first six months of 1911.

	Number	Reaction. Absent Per Cent	Mild Per Cent	Moderate Per Cent	Severe Per Cent
First Dose	45,680	68.2	28.9	2.4	0.3
Second Dose ...	44,321	71.3	25.7	2.6	0.2
Third Dose	38,902	78.0	20.3	1.5	0.1
Total	128,903				

The reaction is classed as *severe* if the temperature is 103 degrees or over; if between 100 degrees and 103 degrees, *moderate;* if between normal and 100 degrees, *mild,* and if there is no rise of temperature the reaction is considered *absent,* unless there is headache and malaise when it is graded as *mild.*

Among the 14,000 persons vaccinated up to December 1st, 1910, there have occurred 6 cases of typhoid fever with no deaths.

Among the non-vaccinated during the same period there have been 418 cases with 32 deaths.

Taking 1,000 as the standard in calculating the rate there have occurred among those vaccinated up to December 1, 1910, only 0.4 per 1,000, and among the non-vaccinated 6.0 per 1,000, 15 times as many. (Major Russell.)

In only one of the six cases occurring among the vaccinated for the period noted was the diagnosis confirmed by laboratory methods, and two of the cases were so very mild that the probability of typhoid infection was very slight.

It is estimated that from March 1909 until the immediate present 100,000 persons of the personnel of our army have been subjected to anti-typhoid inoculation. The figures for 1911 are not yet complete, but the persons so vaccinated in this year are estimated at over 80,000. Over 80 per cent of the total number so treated have received three doses.

Digitized by Google

Up to July 1911 among the total number vaccinated there had occurred 11 cases of typhoid with no death. Of these 11 cases of supposed typhoid infection only 3 were confirmed in the laboratory.

Since the compilation of these figures 1 other case has occurred among the native troops in Porto Rico, the result being fatal.

To show the difference between the present results in typhoid prevention by inoculation in our large military camps, and the former excessive prevalence of the disease in such aggregation of troops I shall furnish the following data.

1898.

SECOND DIVISION SEVENTH ARMY CORPS.
JACKSONVILLE, FLORIDA.

	Mean Strength	Cases of Typhoid Fever		Deaths from Typhoid	Deaths from all Diseases
		Certain	Certain and Probable		
Total	10,759	1,729	9,693	248	281

1911.

MANEUVER DIVISION AT SAN ANTONIO, TEXAS.
MARCH 10 TO JULY 10, 1911.

	Mean Strength	Cases of Typhoid Certain and Probable	Deaths from Typhoid Fever	Deaths from all Diseases
Total	12,801	1	0	11

The general conditions prevailing at these two camps were very similar, as they were located in about the same latitude, lasted about the same length of time, each had a good camp site, and each was supplied with pure artesian water. The camp at Jacksonville was later in the year, but the number of men in the Maneuver Division at San Antonio was greater.

4. Journal American Medical Association, May 4, 1912. Major T. F. Russell, Medical Corps, U. S. A.

5. Report, Surgeon General U. S. Army, 1911.

6. Journal American Medical Association, Aug. 26, 1911. Lieutenant Colonel J. R. Kean, Medical Corps, U. S. A.

Digitized by Google

To appreciate the direct influence of anti-typhoid inoculation in securing such a wonderful result in the Maneuver Division at San Antonio it must be understood that the entire command at this camp was immunized under orders. The immunization was completed in one month.

During this same time 4,500 immunized men were in camp at Galveston among whom there occurred no case of typhoid.

The most pertinent and interesting facts exist in connection with these two commands, namely the men when off duty had access to both cities where typhoid fever prevailed, and that during the period of the camp there occurred in the city of San Antonio among the civil population 49 cases of typhoid with 19 deaths, while in Galveston, 192 cases of the disease were reported. If the immunization of our troops had not been most complete and positive typhoid fever must of necessity have prevailed to a serious degree in both camps.

It would appear from the figures, which have been presented, that one is justified in claiming that in anti-typhoid inoculation as practiced with killed cultures we have an efficient preventive against typhoid infection.

In the military service it is considered that by its use typhoid fever will be virtually eliminated.

The interesting question which now forces itself upon our minds is this: If this system of securing artificial immunity is of such great value to the military service, why not apply it to the protection of our civilian communities as is done in the case of vaccination against small pox?

It would without question be of the greatest value in public prisons, hospitals, schools, colleges, asylums, working camps, mines, etc., and it is highly probable that the time will come when it will be as universally used as is vaccination against small pox at the present time, especially upon the outbreak of epidemics in large communities.

2. Anti-typhoid inoculation as a therapeutic measure:

A brilliant future is predicted for the treatment of typhoid fever by the use of the vaccine. Major Russell has collected the records of 118 cases in which this treatment has been used, and while the number is too small to formulate positive conclusions upon, yet, all who have used the treatment, have been favorably impressed. Of the 118 cases referred to only 5 terminated fatally, being a mortality of 4.23%, which is a lower mortality rate than that obtained from any other treatment.

Digitized by Google

From one of the recent publications of Major Russell, I make the following quotation as it will in a very pertinent way answer questions, which may have arisen in the minds of many of those present.

"Is there any theoretical basis for the use of vaccines in typhoid? The question is frequently asked and as often answered in the negative. Theobald Smith has stated the problem concisely in the following words: 'The presence of virulent living bacteria makes it seem absurd to add dead ones. Why is not the former stimulus enough? Theoretically no advantage can be expected from adding more toxins.' Cases do improve, however, under vaccine treatment, and there must be a difference between the stimulus exerted by living virulent organisms and dead vaccines.

The first difference is in the use of dead bacteria; the dose can be controlled and there is no cumulative effect. The second difference is in the use of the subcutaneous tissue in the inoculations. Typhoid is largely a disease of the lymphoid tissues which is the place of least resistance in the body. This is equivalent to saying that the lymphoid tissue is the least able of any to form destructive antibodies. The connective tissue, on the contrary, has the power of forming them in great quantities and they are rapidly carried to all parts of the body by the blood stream. It would seem possible to reinforce the immunity by bringing into the struggle tissues not ordinarily involved.

Another difference is in the strain of the organism used—an old avirulent culture. In other words, in using vaccines in the treatment of typhoid we need not necessarily inject additional toxins. Our cultures have largely lost the power to produce toxins. We are injecting antigen, which in this case seems to be different from the toxin, and it is capable of stimulating the immunity reaction in the body of a patient without at the same time overwhelming him with poison."

Conclusions.

1. Anti-typhoid inoculation has reduced the occurrence of typhoid fever in the U. S. Army in a marked degree, as well as the mortality rate in the case of the inoculated, who may, as a remote possibility, contract the disease.

2. The method is harmless, there seldom being any reaction worth mentioning, and all symptoms subsiding in 48 hours.

3. The method should be equally applicable to the protec-

Digitized by Google

tion of the civilian public, and is especially indicated in jails, asylums, hospitals, working camps, schools and mines, and in communities upon the outbreak of an epidemic.

4. It is highly probable that in the method, as outlined in this paper, we have a valuable therapeutic measure in the active treatment of the disease.

DISCUSSION.

Dr. Pickett, Odell:

I do not know that I can add anything. The matter covered by this paper has been presented completely so as to need very little comment. There is just one point that I must take issue with Dr. McClanahan, in regard to the subject of treatment, the use of calomel as a laxative during the run of typhoid fever. I have found that the use of calomel in typhoid has amounted almost to a relapse. I have thought it amounted to a re-infection due to too active stimulation and I like other laxatives better than that.

Dr. Ream, Walthill:

One thing that lead me to launch in the culture theory in typhoid was an epidemic of typhoid which I had passed through in Iowa and the dismal failures which I had had, that lead me almost to desperation. In regard to the phophylactic power of typhoid serum has been actively demonstrated and I believe, Dr. Banister, this one case that you refer to in the Mexican troops, was he not a civilian?

Dr. Banister:

No, this was a soldier. There was one civilian, but he was an outside case.

Dr. Ream:

I think that is a wonderful record and when you take into consideration there were more troops mobilized on the Mexican border than the United States has ever had together at any one time, it is certainly conclusive.

Now, in regard to the therapeutic—prophylactics, there was one thing I learned early, which was the injection of the serum into a vein, you get an imemdiate reaction and a reaction that is marked, and outside of this accident I had no deleterious results whatever and I gave it indiscriminately, regardless of age, the time the patient had been sick or his physical condition.

Now, the reaction following the inoculation of especially the second dose was sometimes more marked than the other doses. I had less reaction following the administration of the third dose than the first or second. That was in some five hundred inoculations, and I believe it will be of interest just to mention that there were several cases that were inoculated that had been exposed some time previous and were running a temperature at the time of inoculation, that the temperature dropped immediately, although they did not give a positive widal reaction. I think if they had had sufficient time to give the widal reaction that they would have had typhoid.

In regard to the point that Dr. Banister brought out, if a patient has typhoid and his system is already filled with live, active bacilli, how are you going to overwhelm that patient with dead bacilli when he is already carrying more than he can haul? The idea is this, if there is anything in the opsonic theory that if you inject an anti-body in there that will raise the index so rapidly that it will inhibit the germ, you have got the disease conquered.

Digitized by Google

Dr. Milroy:

Whose preparation did you use?

Dr. Ream:

I began with a preparation—I don't wish to advertise any preparation—but I began with Mulford's and Parke-Davis'. I used mostly Mulford's. We made some ourselves and I used it as a prophylactic, but where I used it therapeutically I used Mulford's, simply because that had the scale graduated so you could get it more accurately.

Dr. Waite, Lincoln:

The chief reason for my saying anything today is because Dr. Mayhew has already promised that I should, but I want to speak more particularly about the etiology of the disease and before entering upon this discussion I want to say a word about that treatment which offers the greatest promise of success in the prevention, and it is the treatment which is perhaps least cared for, and that means in the first place the absolute destruction of the micro-organisms in the discharges of the human body, because every case of typhoid fever depends upon the existence of the disease in some other individual and his or her excretions gettings into water or into some article of food or something by means of which either through the food or by the hands or clothing, the germ gets into the body and chiefly along the alimentary tract. It has been, I think, aptly said that for every epidemic of typhoid fever, somebody ought to be killed and somebody is responsible—perhaps they ought not to be literally killed except in the abstract—not as a concrete idea. But it means simply this: that the ignorance of some person has been responsible for the origin of a grave epidemic. I have been very much impressed in all that has been said by the various men who are on the program or who have discussed it and I was especially impressed with the paper of Dr. Banister for the simple reason that it is another important means of limiting typhoid fever and of preventing it. I believe that we should be very optimistic concerning its use and inasmuch as there is no evidence at the present time that it is harmful at all, the fact that it is probably beneficial and prevents infection should be taken into consideration.

And now to come more directly to just exactly what I want to say, probably most of you know that during the last six months we have had two outbreaks of typhoid fever. It has been so widely published all over the state that I do not hesitate to speak of them. They are entirely like the outbreaks which have occurred in Omaha and outbreaks which occur anywhere else, but which many times are not made known. Now, as to the etiology of epidemics in typhoid. When an outbreak occurs anywhere, there are any number of people, both those who are enlightened and those who are not, who know just what caused it; it comes from ice; it comes from milk; it comes from secretions—all sorts of things. As a matter of fact, from statistics collected by Sanda, at least 71 per cent of all typhoid cases are due to contaminated water supply. At least 17 per cent are due to an infected milk supply, which makes up about 88 per cent, which leaves only about 12 per cent due to all other causes of typhoid epidemic. It is possible that in some instances, small localized epidemics may be due to the carrying of infection by milk, or certain green vegetables and that may be due to some of the products of milk. In the statistics in the one which occurred here, in the beginning the assumption that one would go on was that the outbreak was not due to water because the water supply here was supposedly absolutely certainly not contaminated. That was the general impression and it was a case of water contamination due entirely to accident. When I say due entirely to accident, I mean that under ordinary circumstances the water could not have been contaminated, but the circumstances were somewhat extraordinary. In July of this year there were thirteen cases of typhoid fever reported here in the city and during

Digitized by Google

the month of August the epidemic or outbreak began to increase very rapidly and the health department began an investigation to ascertain if possible the cause. As a matter of fact immediate steps were not taken to make the investigation until the 28th of August, at which time I was asked to investigate and if possible to ascertain the source of the infection. I started out on the 29th of August and made a canvass of about 65 cases in order to have some basis to form an opinion that would be worth something. I was criticised somewhat for not finding out within two or three hours. That is something that cannot be done.

Dr. Sutherland, Grand Island:

I just wish to say a very few words in regard to the treatment of typhoid. In the beginning of a case of typhoid, it is very important to conserve the natural strength and forces of the patient. And it is perfectly safe to allow them quite a liberal diet. To begin to restrict the diet in the beginning of the disease is bad and the very fact that typhoid vaccination apparently is such a success at present, should teach us to conserve the forces of the patient and carry him along until he can generate his own anti-bodies to counteract the disease. I have absolutely no faith in internal antiseptics after the fever is well established. You would get no more benefit from the use of internal antiseptics than you would in irrigating the uterine canal after the sepsis ahs passed beyond the uterus. But to keep the strength of the patients and to carry them along every day increases the chance of their recovery from the fact that they are generating within their own bodies in some way that we do not know, these various anti-bodies that will cure the disease and if there is anything that proves to us the truth of this, it is the very fact of this inoculation that has been so ably brought out here today. I am not at all a pessimist in the treatment of typhoid fever, but there is no medicine yet discovered that will cure typhoid fever. It was not so very long ago when we used to give medicine to reduce the temperature, medicine interally. That has been proven as positively hurtful long ago. Baths, etc., aside from this new serum theraphy is about all we know about the treatment of typhoid today.

Dr. A. P. Fitzsimmons, Tecumseh:

I was very much interested in Colonel Banister's paper and I can speak to you as a member of the Department of the Third Army Corps in which we had that epidemic and also as one of the victims. Colonel Banister spoke of the sanitary conditions. The sanitary conditions of the camp of the Seventh Army Corps were anything but sanitary. These were the conditions we were in when we arrived in camp. We were 18 feet above the sea level, swamp on one side, St. John's river on the other. Terry's Rough Riders were on one side, Second Mississippi regiment was on the other, which was thoroughly seeded down with typhoid at the time that they arrived. The Third division was on our left. This was the condition that we were placed in. The camp was staked off by the engineers. They said to us, "Here is the location of your camp." No medical authority was consulted as to location of that camp. The medical department, Colonel Fowler at that time, was the chief consulting surgeon—we protested in the beginning that our camp was unsanitary, conditions were unsanitary surrounding it, but it was six weeks before we could succeed in convincing the other departments that it was necessary to remove a part of this camp, and in the meantime the myriads of flies had thoroughly scattered typhoid fever all over the entire corps. Surrounding this camp were all kinds of nuisances in the form of cook houses and restaurant venders of the worst type. I, as officer of the day, a number of times in inspecting them, had caused numbers of these to open their ice boxes, carry their meat out and bury it, and I stayed there in a number of cases to see that this order was carried out. The volunteer soldier is a peculiar person. The comparison that Colonel Banister gave between the regular army in Texas and

Digitized by Google

the volunteer army at Jacksonville was hardly fair. The regular army was drilled along sanitary lines for years; the volunteer army is gathered up over the whole country. They know nothing about sanitary conditions and the medical officers are not as well versed in sanitary matters as the medical officers in the regular army. Therefore, the conditions are not the same.

This was our condition, and we all know the results. They are a matter of history at the present time. I can trace my own infection at that time; I was handling on an average 150 to 200 cases of typhoid daily, and I knew it was necessary for me to be very careful and the hospital steward and I kept a pail of water in a tent where nobody but the two of us had access to it. He in some manner became infected and came down with typhoid; about ten days after that I came down and my infection could be directly traced to that pail of water; both of us used the water from the same utensils and in this manner it was spread all over the entire army camp. But after the camp was separated and our camp was part of it sent down to the coast and more attention paid to the medical department, typhoid was finally eradicated and we had but very few cases. But there is no doubt but what the serum treatment and prophylactics will be the great panacea in the future.

In regard to Dr. McClanahan's paper, I wish to report one case of a child a little under one year of age when the attack came on, and I watched the case carefully for several days and became convinced that it was a case of typhoid. We made several blood tests and they all showed the widal reaction, and the case went on to a typical case of typhoid fever and finally convalescence was very satisfactory with no bad results afterwards, but it was the youngest case that I had ever seen.

Dr. W. O. Henry, Omaha:

It seems to me that the paper of Dr. Ream's yesterday afternoon should have been the final paper in this symposium. It was a sort of summing up by one of our own men which should have followed Dr. Banister's excellent paper and I think in the publication this form should be followed out.

Dr. Milroy, Omaha:

Just a word. I want to make one remark referring to the paper of Dr. McClanahan. In Omaha years ago we had a good deal of malarial fever. The doctor, I think, did not refer to the differentiation of malarial attacks in children from typhoid. I recollect that malaria in children is quite different in its manifestations from that which occurs in the adult person. You are likely to not have the chill; you may have convulsions and you have a continuous fever and very marked gastric symptoms in malaria in children, and I remember of having been a good deal puzzled in some of those cases in distinguishing them from typhoid.

In the matter of antiseptics referred to, I hope you will recollect that I stated in so many words that the antiseptics have no effect directly upon the typhoid, but that I recommended their use for two reasons; first, for the protection of the kidneys on account of diminishing the general toxemic materials that are absolved from the intestine and also for the relief of symptoms that are due to general fermentation in the intestines—not at all with the idea that it is modifying the course of the typhoid directly.

And then one other word in regard to calomel, the point that I intended to emphasize in that is, in a case a good deal resembling an ordinary bilious attack and where you have got into trouble as you are very likely to do even if you are careful, gotten into trouble with your food and a general disturbance there, give the calomel and follow it with just enough of a saline to clear out the bowels, I think it is a good move.

Dr. Banister, Omaha:

Just a word. I was very glad to hear the remarks made on the sub-

Digitized by Google

ject of anti-typhoid inoculation, and I assure you that the major portion of the medical department is agreed in this most thoroughly. We do not believe in kicking up any fuss in the medical corps and we never have done it. When the tubercular test came forward we did not use any of it, waiting to see what the results would be, and it is the same with this typhoid treatment. Men began to volunteer and finally we had all the volunteers we could attend to, and finally the president of the United States took it up and so it went on. We knew the people who had typhoid fever by name, and knowing that I would have these people I wrote to the surgeon general for a list of all these men. We keep track of every man every day he is sick and we know that in this 100,000 men we have had 12 cases of typhoid fever with one death.

One point about these cases in this camp, I was speaking of no case occurring in Texas among the inoculated. In the quartermaster's employ a teamster had typhoid fever after that, but he was not inoculated—had not been—and the interesting point remains that the quartermaster who was not a medical man, issued orders that he would discharge every solitary man of civilian employes who would not submit to typhoid inoculation because he did not want any of his men to get down sick.

The Physiology and Care of the Alimentary Tract From a Surgeon's Standpoint.

*By E. C. Henry, M. D., Omaha.

The object of this paper is to call attention to some of the more recent discoveries in the anatomy and physiology of the alimentary tract, and their application to medicine.

It is the aim of the surgeon to reduce to a minimum the risks of the patient and spare him all possible pain during his illness.

Our forefathers knew the power of mental impression, but it remained for our elder brothers and co-workers to explain, on a sound anatomical basis, the relation between the psychological and physical man.

In the past few years we have been hearing a great deal about psycho-nemopathic treatment, mental healing, Christian Science, et cetera. The medical profession is very conservative, and justly so about new facts and theories. But it should not be conservative to the point of stupidity.

If we as physicians had been broad and liberal in our views as we should have been there never would have arisen separate schools of osteopathy, Christian Science, Mental Healing and what not.

The fundamental principles on which these sects are founded are absolutely correct, and should have been utilized by the educated physician rather than the ignorant charlatan.

*Read before the Omaha-Douglas County Medical Society, Omaha, September, 1912.

Digitized by Google

Osteopathy says perfect circulation, perfect health. Right.

Christian Science says mind is one of the greatest forces controlling the body. Right again.

Would it not be the part of wisdom for us as educated men to use every proximate principle regardless of name? As Huntington says "The foundation stones of the whole modern structure of human wisdom have all been laid by the architects of yesterday. Thrice wise is he who knows the quarries and builders of bygone ages and is able to differentiate the stones which have been utilized."

May we study for a few moments the lessons taught by the physiological laboratories, especially as regards the nervous system, and its relation to the alimentary canal. From the Royal Institute of St. Petersburg, conducted by Pavlov, the University of London when Starling is in charge, and Harvard when Canonn works, we glean the following facts:

1. The vagus is a compound nerve containing both motor and sensory nerves, both afferent and efferent and extends along the alimentary tract from the pharynx to the ileo-caecal valve.

On account of time we will confine our attention to the nerve supply of the stomach, and from this alone show the relation of mind to digestion.

The vagi end in the plexus of Openchowski, situated between the peritoneum and muscular coats. These plexuses are especially numerous about the cardiac and pyloric ends of the stomach.

From the centers in the medulla the fibers can be traced to the optic thalamus and corpora quadrigemina. The optic thalamus controls both motion and secretion of the stomach and intestines.

Here is the proof.

If we take a knife and shave off the cortex of a dog's brain and feed him through a stomach tube, he will live as long and as natural as a normal dog so far as his digestion is concerned. He has to be artificially fed because his higher psychic centers are gone and he does not know enough to eat.

On the other hand if we destroy his optic thalami, then introduce food into his stomach, it will lay there for hours without any gastric juice being poured out, or the slightest peristaltic wave being seen on the walls of the stomach. This dog dies in a week or ten days of starvation.

But we have proof that the fibers to the stomach have a cortical center that greatly augments the basal ganglia.

Digitized by Google

Pavlov in speaking of appetite juice shows how a dog, by seeing and smelling the food, is stimulated, and his stomach pours out much more efficient secretion. Our own experience teaches how clean linen, and tastily arranged food is relished.

Finally these men have worked out the effect of fear or anger on the movements and secretions of the alimentary canal. We may be enjoying a hearty meal when suddenly we are startled by bad news, and instantly appetite is all gone, and next day we have acute indigestion.

Cannon by means of X-Ray has shown that any great emotion, such as fright, or anger will cause peristalsis to stop.

Macewan had a case of gunshot wound in which a large fistula formed at the first part of the caecum. By watching his case he noticed that normally soon after eating the caecum would begin rhythmical contractions, and mucus would be secreted in large quantities. This is readily understood. The colon is made up very largely of mucus glands. We know why not to feed in appendicitis, as starting activities in the stomach stirs up activities around the appendix.

Macewen found that a fright would stop both motion and secretion in the caecum.

I cannot dwell on the sympathetic system now, but I believe that I have shown you that there are anatomical and physiological grounds for a relation between the mental condition of the patient and his stomach.

In the past four or five years important work has been done on the nerve cells of the brain, showing the profound alteration in the Nissl bodies resulting from shock, strong emotions, and surgical operations. So that it is well worth our while to consider how we can conserve this central nervous system so that the vital forces are not wasted. As Morat says: "The nervous system does not generate force but it is the intelligence that directs the vital forces of the body." The best concrete illustration I can give is Crile's method of operating for exophthalmic goiter. The operation is so conducted that the mental factor has almost no bearing on the case, and the results are most satisfactory. The principles on which this operation are conducted could be extended to all operations on nervous patients. It is well known that in many cases of abdominal section the stomach dilates, often to such a slight extent that it causes no symptoms, but still if looked for could readily be found. Where the dilation is extensive and not properly handled the cases result fatally.

Digitized by Google

Acute dilation of the stomach is often mistaken for peritonitis, so that a condition is overlooked that as a rule could be easily corrected, were a diagnosis made, but which is more often fatal.

When the patient keeps regurgitating rather than vomiting, and the upper abdomen is distended, the stomach should be repeatedly washed out with hot alkaline solutions to get rid of the gases and acids that may have accumulated. To keep the condition from recurring a re-establishment of the peristalsis is most important. Nature keeps up peristalsis of the alimentary tract by means of an internal secretion, stored up in the lymphoid tissue, especially the spleen. This internal secretion is produced in the pyloric end of the stomach and can be recovered from its mucous membrane. Intravenous injections of this secretion will produce most remarkable movements of the involuntary muscles.

In all cases where dilation of the stomach or ileus of the intestines are to be feared Hormonal should be used subcutaneously. There is one other internal secretion used by the body to act especially on involuntary muscle seither of the blood vessels, uterus, or intestines. This secretion comes from the hypophysis. Sometimes this will bridge the patient over a crisis when nothing else will.

For many years it was the common practice to use strong cathartics and high enemas to clear out the bowels, then leave the bowels dormant for four or five days following the operation before starting them again. Such a course is not logical, and the gas pains, nausea and vomiting can be largely done away with by following a different course.

One to two properly given enemas will clean out the colon, which is the great object in giving a cathartic.

Just why the physicians ever got into the habit of keeping the bowels locked up following operation is hard to understand. We know the colon is the receptacle for the waste products of metabolism. From this receptacle they may be re-absorbed into the system.

Gases are continuously formed in the colon by the bacteria, and as a result the etherial sulphates, ammonia, cholin, etc., are taken up, causing all forms of auto-intoxication. Ought not these poisons be removed every day, even more after an operation than when by one's own activity they are more or less removed?

Experience has taught us that a compound enema once or

Digitized by Google

twice a day will relieve most of the distension and gas following abdominal operations. Most of the poisons of the body are removed by the kidneys, and a thorough flushing of the kidneys will enable the body to throw off great quantities of toxines and the by-products of cell metabolism.

English surgeons have been following Murphy's idea with most satisfactory results. Suppose it is a case of general peritonitis. following an acute appendix explosion. Every four hours a saline enema is given. Much of this will be absorbed and flush the kidneys, helping them remove the poisons which have been absorbed by the body from the peritonitis.

Sometimes the body is being poisoned by some of its own internal secretions. Then the saline enemas are a vast aid in diluting and removing them. Water is one of the most abundant and important costituents of the body. Its circulation is very interesting. The stomach does not absorb water at all. The lower part of the small intestines and the caecum pass the water from their lumen to the vascular system in which it makes the rounds of the body. Part of it is excreted by the kidney, skin and lungs. Part is excreted again into the stomach, from which it starts on its rounds.

Now we can understand the thirst and intoxication of patients with obstruction of the pylorus. However much water they may drink none of it gets into their system if the pylorus is closed. They are auto-intoxicated because the great means of flushing has been cut off. How the colon may be used to introduce water into the system is well worth knowing. It is a well-known law that in all living tubes there is a double current. In the colon, for example, the contents of the bowels are moving from the ileo-caecal valve to the rectum, but from the rectum to the ileo caecal valve a fine capillary current is constantly flowing. This fine capillary current is the course we want our stream of saline to take. To succeed we must get past a sentinel situated at the junction of the rectum and the sigmoid flexure. Here a nerve center stands guard and may block our purpose by setting up vigorous peristalsis. To avoid that our saline should be given under very low pressure and with the tube juts inside the internal sphincter. Trying to pass the colon tube around to the ileo-caecal valve has caused the death of many a patient.

Doing our work with nature for our guide is so satisfactory that I feel that every physician and surgeon should keep up with the newer things in physiology.

Digitized by Google

CLINICAL REPORTS.

Treatment of Rheumatism With Rheumatism Phylacogen.

Man aged 43, married, American, on September 10 called to see him, had chill and fever—felt stiff. Pain in all the joints, especially left knee, and both feet—swollen, red and very painful. Was unable to use his legs or feet—temperature 104, pulse 110, respiration 22. One year ago patient had similar attack.

September 12 every joint in body was involved. Gave him 20 grs. sodii salicylate every two hours for 15 hours and on the third day repeated salicylate. He was unable to retain the medicine, no relief. September 13 gave him 3 CC Rheumatism Phylacogen. Had severe reaction, feeling of numbness over whole body, rise of temperature to 102, pulse 116, respiration 22. September 14 was free from pain. September 14 gave him 5 CC Phylacogen. No reaction, temperature 101.4, free from pain, could move his feet and knee, although very much swollen.

September 15 gave 5 CC, continued to improve, sat up in chair for two hours, no pain in joints.

September 16 gave 5 CC, left leg swollen, less free from pain, sat up two hours.

September 17 gave him 10 CC, in abdomen, reaction sure, numbness, slight chill, rise in temperature 102.2, pulse 120, respiration 20, absolutely free from pain, swelling nearly all gone.

September 18 very much improved, could sit up, temperature 98.4, pulse 90, respiration 19.

September 20 could stand and walk across the room, says he feels well, eats well, etc.

From first dose September 13 of 3 CC Rheumatism Phylacogen he showed signs of improvement—its effect was immediate and was free from pain. I gave him in all 28 CC Phylacogen. He had a severe reaction from 10 CC—the only other medicine given him was 1-40 gr. strychnine every two hours; did not use any local application; no sedative.

It is my first experience and I would like to hear reports from doctors who have used it. In this particular case it gave excellent results. October 2 he is walking around and is free from pain and says he feels perfectly well.

F. P. Dorsey, Hartington, Neb.

Digitized by Google

ABSTRACTS.

The Relation of the Tonsils to Rheumatism.

Paul Roethlisberger calls attention in the Munchener Medizinische Wochenschrift for February 20 to the importance of the tonsils as an etiological factor in acute and subacute recurrent polyarthritis and frequently of primary articular rheumatism. He advises careful digital examination of the tonsils and radical operation if the rheumatic condition does not improve rapidly. In many cases the tonsils contain encapsulated abscesses which should be opened.—Med. Stand.

Measles.

Two discoveries about measles, made by Dr. John F. Anderson and Dr. Joseph Goldberger, of the Hygienic Laboratory, Washington, promise to have a decided influence in our management of the disease hereafter. The first is that the epidermal scales which are shed during the stage of convalescence contain no infectious material and do not serve to convey the disease; the contagion is really conveyed by the secretions from the nose and throat. The second is that lower animals may suffer from measles, monkeys already have been infected. The immense practical value of these observations is apparent. How many people realize that measles is the most deadly of all the contagious diseases of childhood, having exacted a toll of 6,598 lives in the last year reported by the census bureau?

The Cause of the Onset of Labor.

Stimulated by an editorial in these columns (J. A. M. A.) commenting on the work of Heide in causing the onset of labor by injection of fetal serum, Rongy has repeated the work of Heide and in a report of nineteen cases adds to the interest and information in regard to this subject. In six patients injected with small quantities of fetal serum, prepared after the method suggested by Heide, ten to eighteen days before term, expulsion of the child followed promptly. In all cases, uterine contractions were observed by Rongy soon after the injection of the serum, although no pains were felt by the patient. It was determined that pains were felt only when there was direct stimulation of the cervix by the pressure of the bag of waters and the oncoming head. In two cases it was found that whereas injection of

Digitized by Google

a large dose produced reaction promptly, injection of 5 to 7 c.c. followed by a large injection of 20 to 25 c.c. four or five hours later gave a more severe reaction. In two cases of inertia uteri, the serum was very effectual and injection was followed by active labor pains within a short time after injection. Finally in a case of threatened eclampsia, injection of serum induced labor and all urinary symptoms cleared up immediately after the first injection. In seven cases negative results were obtained, in four of these there were precordial pain and oppression, in practically all some nausea and vomiting, and in two slight pains which may or may not have been induced by the serum. These results appear distinctly encouraging. The work of Heide has been corroborated and we have reason to believe that fetal serum does contain substances that may cause the onset of labor. An interesting field has been opened for further investigation. The exact nature of these substances, their mode of action and their role in causing the natural onset of labor are some of the problems to be solved.

The Sweat of fhe Tuberculous.

The question as to the possibility of infection from the sweat of a consumptive has often been discussed, but little scientific evidence has ever been brought forward to prove that any real danger exists from this sorce. It has been recently reported, however, that M. Piery has established the presence of the tubercle bacillus in the sweat of every patient with consumption that he has examined, and that inoculation experiments with guinea-pigs have yielded positive results. If these observations are confirmed, a fresh avenue of infection may be looked for, and it is possible that by this means may be explained the frequent and well-authenticated cases of the communication of the disease by a person attacked by it to another, with no hereditary liability to infection, who is brought into frequent contact with the patient, as in the instances of husband and wife, nurse and invalid, and the like. M. Piery recommends, therefore, the careful disinfection of all garments, bed-clothing, and so on, used by a tuberculous patient, and his or her isolation as far as possible, especially at night time.—The Medical Press.

The Cancer Problem Today.

A. W. Blain quotes Crile as saying that there is no tie of sentiment between a man and his cancer. Enlightenment ought

Digitized by Google

to be easy and effective. The medical profession and not the laity are responsible for the high primary and remote mortality of malignant disease and until the doctor, especially the general practitioner, assumes for cancer the same stand which he takes in strangulated hernia and appendicitis there will be little improvement in cancer statistics.

The points to be emphasized are:

1. Cancer has a pre-malignant state in which it is curable.
2. The time has passed for the profession to assume a passive attitude in suspicious malignant cases, since operative technic is so highly developed that there are practically no deaths from operations per se.
3. A large percentage of cancer cases are absolutely curable if the family physician is not the cause of fatal delay in his desire to obtain a positive diagnosis.

Treatment of the Acute Stages of Poliomyelitis.

Manning calls attention to the great importance of treatment of the early stage of poliomyelitis. That it should not be delayed during the stage of invasion while the diagnosis is yet doubtful, for the diagnosis of this disease in many instances is not made, or made but tentatively, until the oncoming of paralysis. The brief hours which intervene between the onset of poliomyelitis and the appearance of paralysis constitute the physician's only opportunity for preventing disability or death. Information is requested by the author concerning the following point relating to acute cases of epidemic poliomyelitis during the season of 1912: First, contact of cases with old cases of poliomyelitis; second, contact with sick animals; third, antecedent insect bites; fourth, coincident presence of bed bugs. (Address 151 Lafayette Avenue, Brooklyn, New York)

Black-Water Fever.

The puzzle of black-water fever seems to be solved by the valuable study of Deeks and James on the Canal Zone and published by the sanitary department. They show that the disease is never found except where there is a non-immune population in a malarial region, the estivo-autumnal cases being numerous. Moreover in every case there is more or less proof of a long period of malarial attacks which were not properly and promptly treated with quinine. It seems to be a profound change in the blood and blood vessels from a long continued toxemia. Any

Digitized by Google

depressing influence or an acute malarial paroxysm, or even quinine may evoke the symptoms, but that neither malaria alone nor quinine alone is capable of causing it. The problem of prevention is merely that of curing malaria. The appearance of the disease in person in whom a history of malaria was difficult to elicit, had given rise to a wide-spread theory that it was a special disease with an unknown specific cause found only where malaria is possible. This can now be definitely abandoned.—Am. Med.

The Cause of The Malarial Paroxysm.

Much mystery has always surrounded the cause of the malarial paroxysm, and more hypothetical toxins have been urged as its cause. But no attempt has been made to determine the nature of the toxic agents causing the paroxysm until Wade Brown in a recent article offered experimental evidence pointing to the malarial pigment as the cause. Brown had previously shown the the pigment elaborated from the hemoglobin of the red cells by the malarial parasites was undoubtedly hematin, and now he shows that this pigment, injected into the circulation, can produce in rabbits a series of phenomena strikingly like a true paroxysm in man. The observations on rabbits were extensive and carefully controlled, but it is naturally difficult to draw final conclusions, and Brown has been most conservative in his summary. It seems to us that he has almost conclusively shown hematin to be the cause of the paroxysm.

Not the least interesting incident in this report is the psychological side. As occurs so often in original investigations, the obvious and the simple are overlooked in the search for the infinitely great. It is clear that the malarial parasite should break up hemoglobin into hematin, and that the hematin should cause the paroxysm; yet we see malaria often and stumble blindly along until the clear vision of a Brown finds the stumbling-block under our very feet.—Interstate Med. Journal.

If an S and an I and an O and an U,
With an X at the end spell Su,
And an E and an Y and an E spell I,
Pray what is a speller to do?
Then if also an S and an I and a G
And a H E D spell side,
There's nothing much left for a speller to do
But go commit siouxeyesighed.

Digitized by Google

COUNTY SOCIETY EDITORS

E. G. BARNHARDT, M. D., Department Editor.

A. B. Anderson, M. D., Pawnee City, Pawnee Co.
S. M. Baker, M. D., Alma, Harlan Co.
E. D. Banghart, M. D., David City, Butler Co.
H. H. Bellwood, M. D., Alliance, Box Butte Co.
J. S. Blanchard, M. D., Kearney, Buffalo Co.
J. H. Boyes, M. D., Hebron, Thayer Co.
F. A. Butler, M. D., Harvard, Clay Co.
E. S. Case, M. D., Stockville, Frontier Co.
W. F. Conwell, M. D., Neligh, Antelope Co.
Rachel M. Cooper, M. D., Aurora, Hamilton Co.
J. W. Craig, M. D., Minden, Kearney Co.
W. L. Curtis, M. D., Fairbury, Jefferson Co.
Sidney Eastman, M. D., Belgrade, Nance Co.
W. F. Engleman, M. D., Grand Island, Hall Co.
A. P. Fitzsimmons, M. D., Tecumseh, Johnson Co.
C. P. Fordyce, M. D., Manley, Cass Co.
C. L. Hooper, M. D., Butte, Boyd Co.
S. R. Hopkins, M. D., Hastings, Adams Co.
F. A. Long, M. D., Madison, Madison Co.
Jno. I. McGirr, M. D., Beatrice, Gage Co.
F. J. McRae, M. D., Albion, Boone Co.
W. F. Mitchell, M. D., Superior, Nuckolls Co.
M. M. Newbecker, M. D., Ord, Valley Co.
A. P. Overgaard, M. D., Fremont, Dodge Co.
Syl. Person, M. D., Stanton, Stanton Co.
C. D. Piasecki, M. D., St. Paul, Howard Co.
D. T. Quigley, M. D., North Platte, Lincoln Co.
M. A. Quincy, M. D., Ashland, Saunders Co.
Howard W. Quirk, M. D., Crete, Saline Co.
D. J. Reid, M. D. McCook, Red Willow Co.
B. F. Richards, M. D., Crawford, Dawes Co.
H. P. Sheldon, M. D., Scottsbluff, Scotbluff Co.
L. H. Sixta, M. D., Schuyler, Colfax Co.
Hal C. Smith, M. D., Franklin, Franklin Co.
P. A. Sundbury, M. D., Holdrege, Phelps Co.
A. E. Wade, M. D., Lexington, Dawson Co.

NOTES AND NEWS.

Dr. O. F. Lang is a new physician at Falls City, Neb.

Dr. E. M. Bray of Ponca, Neb., has removed to Hosmer, S. D.

Dr. Ward of Arnold, Neb., has removed to Gothenburg, Neb.

Dr. J. B. Grace of Omaha has recently located in Louisville, Neb.

Dr. Wiggins of DeWitt, Neb., has recently located in Exeter, Neb.

Dr. C. C. Wallingsford is a new physician located in Geneva, Neb.

Dr. Ashton of Dunning, Neb., has recently moved to Lincoln, Neb.

Dr. G. H. Rathbun made a business trip to the Black Hills country.

Dr. H. M. Bonnewell of Fontenelle has recently moved to Winslow.

Dr. H. M. Bonniwell of Fontanelle, Neb., has removed to Winslow, Neb.

Dr. A. D. Mahaffay is a new physician recently located in DeWitt, Neb.

Dr. J. R. Shike of Greenfield, Ia., has recently located in Auburn, Neb.

Dr. T. R. Butler of Beaver City, Neb., has recently removed to Moberly, Mo.

Dr. E. L. Feese of Wymore, Neb., is rejoicing over the arrival of a baby girl.

Dr. C. R. Mullong of Sioux City, Ia., has recently located in Norfolk, Neb.

The next meeting of the Boone county society will be held at St. Edwards.

Dr. Charles Inches of Scribner was calling on old friends at Fremont recently.

Dr. Stanley Clements of Newell, S. D., has recently located in Hay Springs, Neb.

Dr. A. E. Whitney of Bayard, Neb., has decided to locate in Thermopolis, Wyo.

Dr. P. H. Salter and wife of Norfolk, Neb., motored to Omaha for the Ak-Sar-Ben parades.

Digitized by Google

Dr. H. P. Sheldon of Scottsbluff, Neb., died October 1, after a few days' illness, of pneumonia.

Dr. G. W. Sullivan of St. Edwards has returned to his practice after a short post-graduate course.

Dr. J. S. Lancaster of York, Neb., was married October 2 to Miss Mildred C. Post of the same city.

Dr. R. P. Hoxsey of Valentine, Neb., has disposed of his property there and removed to Long Mount, Colo.

Dr. C. F. Stockert of Nebraska City, Neb., has located in Battle Creek, Neb., where he will make his home.

Dr. F. E. Blackbourne of Albion has sold out his practice to Dr. Harvey Howard, late of Oklahoma City, Okla.

Dr. L. E. Goodell, a pioneer physician of Wilbur, Neb., died September 23, after a brief illness, at the age of 76 years.

Dr. Robert R. Hollister of Omaha, secretary of the Douglas County Medical society, is rejoicing over the birth of a son.

Dr. G. C. Rice of Elm Creek, Neb., has located in Humphrey, Neb., where he will be associated with Dr. P. H. Metz.

Dr. S. G. Allen, after an extended trip to the Pacific coast, has returned to his extensive practice at Clarkson, Neb.

Dr. H. J. Sloss, at one time a physician at Wymore, Neb., has purchased the practice of Dr. C. H. Ross at Blue Springs, Neb.

Dr. J. H. Carpenter, for many years a physician of Ulysses, Neb., died at his home the latter part of September at the age of 82 years.

Dr. L. L. Cramer of Omaha has recently purchased an interest in the practice of Dr. N. H. Blakely in Geneva, Neb., and has located there.

Dr. Simeon T. W. Thrapp, at one time a physician of Ulysses, Neb., died September 13 at the National Military Home, Leavenworth, Kan.

Dr. Bernstein and wife of Blair have welcomed a son. The last reports are that grandfather, W. H. Haller, is able to entertain the young man.

Dr. David D. Sanderson and Miss Bernice Potter, both of Red Cloud, Neb., were married September 12 at the home of Mrs. Charles H. Potter.

Dr. George F. Pugh of Platte Center, Neb., disposed of his practice recently and has gone to South Dakota, where he will locate on a homestead.

Dr. Harvey Howard of Oklahoma City has assumed the practice of Dr. F. E. Blacbourne of Albion, Neb., who intends to take up post-graduate work.

Dr. M. B. McDowell of Hay Springs, Neb., has romoved to Chadron, Neb., and has been appointed district surgeon for the Chicago & Northwestern railway.

Dr. Frank H. Kucera of Verdigre, Neb., was married the latter part of September to Miss Clara M. Stoural of Milligan, Neb. They will make their home in Verdigre.

Dr. Frank W. Scott of Shelton, Neb., and Miss Lucile Michelson of Grand Island were married at the home of the bride on the evening of September 18. They will make their home in Shelton.

GENERAL NOTES AND NEWS.

Dr. M. C. Keith of Kaspar, Wyo., is taking a couple of months' post graduate work in Chicago.

Dr. H. A. McCallum of London, Ontario, was elected president of the Canadian Medical association at the forty-fifth annual meeting of the association held recently.

Digitized by Google

One hundred and eighty cases of poliomyelitis with twenty-two deaths have been reported this year in Buffalo, N. Y.

The Texas State Medical association has made fee splitting "an offense punishable by reprimand, suspension or expulsion" of a member.

Dr. Arthur A. Howard, Boston, has accepted a position on Drake university medical faculty, Des Moines, Ia., in the pediatric department.

Dr. Lee Brownrigg of Frederick, Wyo., committed suicide the latter part of September by shooting himself in the temple with a revolver.

The first case of Malta fever ever reported in California is included in the monthly report sent to the state board of health by Dr. R. G. Broderick.

Dr. V. T. McGillicuddy of Rapid City, S. D., for many years a practicing physician in that state, was fatally hurt in an accident at Vancouver, S. D.

Dr. Walter S. Haines, professor of chemistry and materia medica in Rush Medical college, is reported to be critically ill in a sanatorium near Los Angeles.

The Indianapolis board of health has voted to supply typhoid serum free to all applicants. This has been done to prevent the annual fall occurrence of typhoid fever.

Professor von Wassermann has been appointed head of an institute for experimental research on cancer recently established by the Kaiser Wilhelm society for the promotion of science.

A negress of Niagara Falls gave birth August 7 to her twenty-eighth child. She has been married twice, is now 44 and was first married at 16. She has had triplets twice, twins three times.

Rev. Charles Keller, M. D., of St. Louis, after the completion of a graduate course at Harvard Medical school, will sail for Honolulu, November 1, to take up work among the lepers at Molokai, T. H.

Dr. R. J. Morrisey of Watertown, S. D., has rented a building suitably located, and is having the same equipped in a first class manenr for a sanitarium. He will have one of the finest equipped operating rooms in the state.

The Gary, Ind., Commercial club has raised a fund of $36,550 for the benefit of Mercy hospital in that city. A hospital to cost $100,000 will be built in the tenement district and will be conducted by the Sisters of St. Francis.

An effort is being made to amalgamate teh School of Medicine of the University of Maryland, the Baltimore Medical college and the College of Physicians and Surgeons of Baltimore, under the name of the University of Maryland.

Dr. Harvey Cushing of Baltimore officially severed his connection with Johns Hopkins university on September 5, and on the same date went to Boston, where he will assume his new duties as professor of surgery at the Harvard Medical school at the opening of the term.

Plague infected rats have been found in New Orleans and Philadelphia. Doubtless they exist in many other places but have not been found. The whole world is watching, with greatest anxiety, the spread of plague. A number of deaths have occurred in Porto Rico and Havana.

The King Edward hospital, for the treatment of advanced cases of pulmonary tuberculosis, of Wininpeg, Manitoba, was put into active service July 27, when thirty-five patients were installed. The hospital was formally opened by the duke of Connaught on his recent visit to the city.

Digitized by Google

The Phipps Psychiatric clinic in Baltimore is so far advanced that it is expected it will be ready to receive patients by January 1 next. It will be under the direction of Dr. Adolph Meyer. The clinic is the result of gifts from Mr. Henry Phipps of Pittsburg, amounting to $750,000.

Announcement has been made of a clinic in Vienna, Austria, for the study of cerebro-spinal meningitis. The clinic is to be under the direction of Dr. Berthold Beer and has been founded and endowed as a memorial to the late Mr. E. H. Harriman of New York, and will be open to American physicians studying abroad.

A comparison mocroscope is a new instrument constructed on the basis of a stereoscope and serves to compare normal with pathologic tissues. It is practically two microscopes with a single eye-piece, connecting the two tubes, so that half of the field may, for example, show a normal lung section and the other a pathologic section.

Dr. Herbert J. Smith has been elected clinical professor of dermatology in the Medico-Chirurgical college, Philadelphia, succeeding the late Dr. John V. Shoemaker. In addition to his new chair, Dr. Smith is also associate professor of materia medica in the college and professor of materia medica and anesthetics in the dental department.

Surgeon General Blue of the Public Health and Marine Hospital Service, has appointed a committee of three, consisting of Drs. L. Dixon, Lansing, chairman, J. C. Fagan, Victoria, British Columbia, and W. C. White of Portland, Ore., to meet as a conference, to study the interstate and international aspects of the leprosy situation, and to report to the surgeon general.

The awkward situation in regard to state medical licenses and reciprocity, by which we are disadvantaged in the United States, has been remedied in Canada by an act of parliament placing the medical profession on a national basis. A "Canadian Medical Council" has been established, which will grant licenses entitling the holder to practice his profession anywhere in Canada.

According to information transmitted August 21, by Consul Jenkins at Gothenburg, poliomyelitis is present in epidemic form in the central part of the Province of Halland, in Sweden. The disease attacks adults as well as children. Poliomyelitis was prevalent in Sweden during the year 1911, there having been reported 2,390 cases from May 1 to October 15, of which 339 cases occurred in towns.

One of the prominent Parsees of Bombay has recently guaranteed an annual fund of $5,000 for fifteen years to aid in the suppression of tuberculosis. At present there is no municipal tuberculosis hospital there, but public interest is being aroused and an active anti-tuberculosis movement seems to have been inaugurated. The introduction of medical inspection of schools is also being considered.

According to official records, the Russian government collected during the year from the alcohol monopoly $763,099,000, and from the tobacco monopoly $66,070,000. "Considering that alcohol and tobacco are poisons," remarks Roussky Vratch for June 23, 1912, "and that the government derived this enormous income from legally poisoning the people, it forms a depressing tragedy of modern civilization."

A novel bureau has been established in Missouri at its state university, at Columbia. This is a bureau of information in preventive medicine, and it will furnish free to the citiezns of the state information concerning the cause and prevention of disease. It will co-operate with the health authorities of the state in efforts to prevent epidemics, and will make free pathological examinations at the laboratory of the university.

Digitized by Google

SOCIETY MATTERS.

TO COUNTY SECRETARIES IN NEBRASKA.

Dear Doctor: As secretary of your county you are herewith supplied with state and county constitutions to the number of your paid up memberships for 1912. I also include the office supplies necessary for your convenience in preparing and forwarding your 1913 report and dues to this office. Our county constitution in chapters 3 and 5 are definite as to date for annual meetings and conditions of membership. Of our present 963 memberships paid up for 1912 only 178 names and dues were reported to this office prior to April 1. Since our state meeting 79 have paid their 1912 dues. It is difficult and often impossible to convene a county society meeting in December or January, but a little early and judicious correspondence by you as county secretary will persuade a remittance by many members very early in the fiscal year, thus enabling you to complete your roster and send by one draft all your dues to this office in time for the compilation of my state and national reports by April 1, as our constitution demands. The co-operation of 60 county secretaries with your state secretary will lessen the thankless drudgery of our official duties, and add greatly to the efficiency of our service. Let us work for 1,000 paid up members by April 1, 1913. The medical defense phase of our association work is growing in favor with our members and I believe all should avail themselves of its financial and moral protection. On the cover of the Western Medical Review is printed the place and date of our next state association meeting, and a copy of this letter will appear in the November issue, as a reminder to each member of his duty to himself and his county secretary.

Fraternally,

JOSEPH M. AIKIN, State Secretary,
Brandeis Building, Omaha, Neb.

BOSTON PLANNING TO CURE "BLUES."

A hospital for the "blues," the first of its kind in the world, to be conducted as a branch of the Boston State hsopital, on the theory that all insanity cases are simply forms of physical sickness which can be alleviated with proper treatment. To that end, the place will be a sort of clearing house for those whose brains are out of gear. They will be differentiated and classified, according to the kinds of mental diseases they show, and remedies will be sought for each class of patients. There will be a department for dealing with incipient insanity, and it is expected that this branch of work will afford striking opportunities for the relief of many mildly insane persons without subjecting them to the stigma of insanity.—Exchange.

A FABLE LOVE STORY.

At the approach of Valentine day last year I offered a prize of $5 to the little boys of my Sunday school class for the best short love story. I have one of the stories here, and I am going to read it to you.

Mr. Wade then read:

"A poor man fell in love with a lady whose mother was a rich toy dealer.

"The poor man could not marry the rich lady because he had no money.

"A villain then offered him $50 if he would become a drunkard.

"The poor man wanted the money to get married with, so he agreed; but when he got to the beer saloon, he said:

" 'No, I will not become a drunkard even for great riches.'

"On the way home he found a bag of gold. So the young lady married him. It was a splendid wedding, and the next day they had twins."

"Moral: Virtue is its own reward."

Digitized by Google

BOOK REVIEWS.

SURGICAL CLINICS OF JOHN B. MURPHY, M. D.

The second number of Dr. J. B. Murphy's surgical clinics is even more instructive than the first edition. These publications may be said to represent a most valuable addition to the World's surgical literature, the reading matter differs from that in text-books and monographs, it is of the lively and most instructive kind and represents the experience and energy of a master in surgery and the World's greatest teacher of clinical surgery.

Dr. Murphy throughout his lectures lays particular stress upon the correct interpretation of the patients history emphasizing the cardinal points that lead to a correct diagnosis, pathology and anatomy are practically applied, deductions made both from the clinical and pathological point of view.

The treatment both operative and non-operative is systematically described and represents the tried and successful methods of this great surgeon, Dr. Murphy's surgical lectures are full of important information on surgical topics supplemented very frequently with talks on important non-surgical affections.

H. W. WIGHTMAN, M. D.

AUGUSTUS CHARLES BERNAYS.

A Memoir, by Thekla Bernays. Published by the C. V. Mosby Co., St. Louis. 306 pages with portrait frontispiece. $2.00.

This is a very personal biography, by the distinguished surgeon's sister. If any criticism is possible it is that the biographer naturally could not deal technically with the professional and scientific side of his life and that, in her endeavor to present a frank picture of his life and nature, she rather emphasizes the faults for which he was loved, and the recreations—by no means reprehensible—which gave him strength for his real life work. Considered merely as a story, without regard to the interest in Dr. Bernays' accomplishments, it is fascinating reading.

PELLAGRA.

Pellagra. By George M. Niles, M. D., Professor of Gastro-enterology and Therapeutics in the Atlanta School of Medicine, Atlanta, Ga. Octavo of 253 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $3.00 net.

The comparatively recent recognition that pellagra is a very common disease in the southern portion of the United States, and that it occurs more frequently than many imagine in the middle states as well, renders this volume an exceedingly timely one, even although some of the problems as to its causation and manifestations still need much investigation. The present book adequately and completely discusses the various theories and facts which are new concerning this curious disease, and includes chapters dealing with the treatment and prophylaxis of the malady. The other chapters, which will prove most interesting to the general practitioner, are naturally those which deal with the diagnosis and symptomatology of the disease. In view of the fact that the subject is a recent one, the author has seen fit to append a copious list of names of those who have made contributions to its study.

SEXUAL IMPOTENCE.

By Victor G. Vecki, M. D., Consulting Genito-Urinary Surgeon to the Mount Zion Hospital, San Francisco. Fourth edition, enlarged. 12mo. of 394 pages. Philadelphia and London: W. B. Saunders Company. (Cloth, $2.25 net.)

Those who take an interest in sex questions are acquainted with the able and fearless author, Dr. Vecki. Many questions in this comparatively new subject are gradually being solved. There have been important gains in etiology, while modifications and additions are made in the chapters dealing with the treatment of sexual impotence. This fourth edition will be of much interest and use to the student.

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00. The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

DR. A. G. HAMILTON, Thermopolis, President DR. W. H. ROBERTS, Cheyenne, Secretary
DR. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. H., Rock Springs.

Vol. XVII. CHEYENNE, WYO., NOVEMBER, 1912. No. 11

ABSTRACTS.

Operation in Suppurative Meningitis.

Kostlivy (Archiv fur klinische Chirurgie, Bd. 79, Heft 3) reports three cases of suppurative meningitis operated upon with favorable results in two cases, and observes that the surgeon should not hesitate to perform a radical operation in any case so soon as the diagnosis of an intracranial suppurative process is manifest. It is only by early operation in these cases that the conviction can be forced upon the internist that these cases belong as much to the surgeon as does suppurative peritonitis. By operation the mortality in the most severe cases of peritonitis can be reduced 50 per cent, not to mention the number of patients in whom early operation will protect against these grave complications. Perhaps the same hope will be realized in cases of suppurative meningitis.

Treatment of Ingrowing Toenail.

Lehmann, in Archives de medecine militaire (through Tribune medicale for June, 1912), recommends a simple, effective procedure for the ambulatory treatment of this condition, consisting in the application to the ingrowing edge of the nail, as well as to the inflamed soft tissues, of a dilute solution of ferric chloride. A small pledget of absorbent cotton, mounted on a

Digitized by Google

stick of wood, is used, and care taken to insert is at deeply as possible. The ferric chloride should be allowed to act some time, though it is not necessary that a permanent tampon of it be left. No pain is caused. An application is made daily. The fleshy granulations are rapidly dried out and hardened, pain disappearing. Local infection of moderate degree is promptly overcome, though in cases with marked inflammation a few days should be spent in bed. Ordinarily the patient may be allowed to walk during the treatment, provided the toenail be properly trimmed and broad shoes worn.

The Discretion of the Surgeon.

It will be long before the medical profession in this country forgets the lesson of the cause celbere in which a prominent London gynæcologist was sued a few years ago by a patient on whom he had performed oophorectomy. That lesson has imbued British surgeons with a keen appreciation of the necessity of obtaining consent before witnesses for any contemplated procedure. A not quite parallel, but instructive, case has lately been the basis of a law suit in New York. A woman was advised to consult a certain surgeon for appendicitis. The surgeon, after examining her, explained that a definite diagnosis was difficult, and proposed to operate through an incision which would give him an opportunity of inspecting the pelvic organs as well as the appendix. The patient gave the surgeon a free hand to do as he thought best. An inflamed and adherent appendix was found and removed, and the appendages of the right side were freed from adhesions, but were left intact. It was then discovered that the left ovary was the seat of a suppurative process, so it was removed through a separate incision. The patient convalesced speedily and safely, but brought an action for "trespass and assault" on the strength of the separate incision. *Male plaxis* was not alleged. The damages claimed were ten thousand dollars, but fortunately the surgeon was vindicated and the suit failed.—The Hospital, London.

A country school teacher was cashing her monthly check at the bank. The teller apologized for the filthy condition fo the bills, saying, "I hope you're not afraid of microbes."

"Not a bit of it," the schoolmarm replied. "I'm sure no microbe could live on my salary!"—Lippincott's.

Digitized by Google

WESTERN MEDICAL REVIEW

A JOURNAL OF MEDICINE AND SURGERY

Published Monthly by Western Medical Review Company, 701 So. 13th Street, Omaha, Neb. Per Annum, $2.00, 20c per copy. The Western Medical Review is the journal of the Nebraska State Medical Association and is sent by order of the Association to each of its members. Entered as second-class matter at the Postoffice of Omaha, Nebraska, under the act of Congress of March 3, 1879. Telephone Douglas 1290.

BOARD OF DIRECTORS:

A. F. Jonas, M. D., President — H. L. Akin, M. D., Sec.-Treas. — H. Gifford, M. D.
F. E. Coulter, M. D., V-Pres. — H. L. Burrell, M. D.

A. L. MUIRHEAD, M. D., Editor.

C. C. MORISON, M. D., Associate Editor.

COLLABORATORS—SUBJECT TO REVISION.

OMAHA.

Arnold, H.L.	Crowley, C. F.	Hamilton, H. P.	Owen, F. S.
Allison, C. C.	Christie, B. W.	Jonas, A. F.	Pollard, C. W.
Akin, H. L.	Davis, B. B.	Lake, F. W.	Rich, C. O.
Bryant, D. C.	Dunn, A. D.	Lemere, H. B.	Rix, R.
Bridges, W. O.	Foote, J. S.	Mack, A. E.	Stokes, A. C.
Crummer, LeRoy	Gifford, H.	Milroy, W. F.	Somers, A. B.
Coulter, F. E.	Henry, W. O.	Moore, R. C.	Schalek, Alfred
Condon, A. P.	Henry, E. C.	Moriarty, Pierre C.	Sumney, H. C.
Conlin, F. M.	Hollister, R. R.	McClanahan, H. M.	Towne, S. R.

Anderson, A. B., Pawnee City	Long, F. A., Madison	Poynter, C. W. M., Lincoln
Artz, C. V., Hastings	VonMansfelde, A. S., Ashland	Hopkins, S. R., Hastings
Coats, A. J., Fairbury	McConaughy, R., York	Pickett, I. N., Odell
Dayton, W. L., Lincoln	McDonald, R. C., Fremont	Quigley, D. T., North Platte
Everett, M. H., Lincoln	McKinnon, A. I., Lincoln	Rork, L. W., Oxford
Hilton, D. C., Lincoln	Mitchell, A. R., Lincoln	Talbot, W. E., Broken Bow
Hildreth, M. L., Lyons	Orr, H. Winnett, Lincoln	Wilson, W. H., Lincoln

Vol. XVII. OMAHA, NEB., DECEMBER, 1912 No. 12

Food and Drugs Act Revitalized

The president recently signed a bill amending the federal food and drugs act of 1906 so as to restore to the bill the force which it was originally intended to carry.

The bill as originally drafted and passed provided that any drug should be considered misbranded "the package or label of which shall bear any statement . . . which shall be false or misleading in any particular. . . ." The supreme court declared that the clause *false or misleading in any particular* applied only to the original source or composition of the product. This deliverance effectively invalidated the bill so far as any reasonable purpose was concerned, and permitted the proprietors of nostrums to plaster all sorts of absurd claims on the

Digitized by Google

package containing concoctions. The court stood three to five on the question, a fact worth mentioning.

The amendment recently become law reads as follows: "If its package or label shall bear or contain any statement, device or design regarding the curative or therapeutic effect of such article, or any of the ingredients or substances contained therein, which is false and fraudulent."

This surely speaks plainly enough. If the patent medicine grafters can do anything to this we are curious to see what it will be.

Vaccination in the Prophylaxis of Typhoid Fever.

The idea of preventing the development of disease by creating a hypernormal resistance in the human organism is one of the first conceptions of Pasteur, after his discovery of microbes, and it is not to be forgotten that the first preventive method for securing such protection from disease in man was developed by Pasteur and has come to us practically unchanged to-day as the preventive treatment of rabies.

Following this brilliant achievement of Pasteur, methods of vaccination established upon these fundamental principles of inoculating more or less avirulent germs of the disease in progressive intensification of virulence have been extensively experimented with in the laboratory and to some extent applied in treatment of disease.

The first experiments of vaccination with living organisms, logically led rapidly to the trial of methods of vaccination by the use of bacteria extracts, or dead bacteria, instead of the living germs of diminished virulence.

Methods of vaccination in which sterilized cultures of various microbes could be utilized date back for many years and such methods will be found among the early works of Pfeiffer. The first use of sterilized cultures of virulent germs for a vaccination method of treating disease in man was made by Haffkine, and this use of sterile cultures of the bacillus of cholera was the basis of Haffkine's method of prophylaxis for the pre-

Digitized by Google

vention of cholera, which he so extensively practiced in India and has so completely established.

With the success of Haffkine's method in cholera, so distinctly an intestinal infectious disease, our most logical deduction would invite experiment of the similar method for the vaccination treatment of typhoid fever, which is itself so distinctly an intestinal infection; and experiments with such vaccine were made many years ago. The principal experimenter in this work is Almroth Wright, to whose persistence and long continued advocacy as a method of typhoid prophyaxis the principal credit for the status of this vaccine treatment is due.

The first considerable utilization of this vaccine was made under Wright's direction, inoculating English troops in India that were particularly exposed to typhoid, inoculating troops in typhoid infected barracks at home or abroad, and in inoculation of troops embarked for service in the Boer War.

The results obtained by these preventive measures were considered quite satisfactory and this method was extensively utilized in other countries.

There are three proposed methods of preparing this vaccine matter, but the method of utilizing the vaccine is practically the same.

The German method of producing the typhoid vaccine is that followed in the laboratories of the United States Army Service.

The vaccines prepared in Germany, England or this country are standardized and to these solutions a dose of lysol, or trikresol, to the amount of about one-fourth of one per cent. is utilized for the preservation of the sterility of this vaccine matter after that sterility of the standardized solutions of the typhoid bacilli has once been produced at the laboratory.

After producing the vaccine solutions, diluting them to obtain the proper standard desired, these solutions are heated carefully in a water bath to about 53 degrees centigrade (Leishman), or 55 to 57 degrees centigrade (German and American Laboratory Uses).

It is preferable not to allow the heat of these vaccine solu-

Digitized by Google

tions to go higher than 53 degrees and it is found that the heating of these solutions of living typhoid bacilli for one to one and one-half hours, at 53 degrees centigrade produces their complete sterilization. It has been pointed out that without such heating the mere addition of the small quantities of antiseptic previously noted would produce the sterilization of that fluid after a few days time, but the experimental work of Leishman would indicate that the heating to 53 degrees centigrade in no way lessens the immunity production power of the vaccine and is, therefore, retained as an additional safeguard for sterility.

After sterilization and then the addition of antiseptics the vaccines are carefully sealed in glass ampullae, in which packages, protected from the light and kept relatively cool, it has been found that the power of immunity production, and therefore, practical utility of the vaccine is retained for at least three months.

The production of immunity with these vaccines is obtained by three injections to the patient. The first injection should be a dose of 500,000,000 typhoid bacilli, followed ten days later by a second injection of 1,000,000,000 typhoid bacilli, and this followed eight or ten days later by a further dose of 1,000,000,000 typhoid bacilli.

The English authority is inclined to consider the first two injections sufficient to provoke a satisfactory immunity, at the same time considering that three or even four injections would be of advantage to the degree of immunity resulting.

It is to be recalled that this method of protection from typhoid fever by such vaccines dates back already fifteen years. The results of the extensive vaccination in the English army since that period have come from more and more extensive utilization of such vaccination; and results of this method of vaccination in Germany are available from the colonial troops for the last seven years; and results for more than two years' utilization in the United States are also available.

Speaking in general terms, it can be said that this vaccine method is without danger; that carried out as at present, it involves very slight inconvenience for any of the persons so in-

Digitized by Google

oculated and practically in no case does it result in any symptoms of severity. The reports of the use of this vaccine with the troops actually in active duty, show conclusively that the large vaccine treatment does not interfere to any extent with any of the men on active duty.

It is quite demonstrative of the freedom of this treatment from undesirable symptoms that in many cases of vaccination of troops where the matter has been left entirely to the voluntary action of the soldier, these soldiers have not failed to continue the treatment right through the three injections without complaint. There can be no doubt of the very great immunity resulting from this treatment.

The statistics of troops in campaign and in infected localities, where experiments have been made on a large scale, where vaccinations have been on troops working together with troops not vaccinated; the result of these experiments show most conclusively the immunizing value of this vaccine treatment.

There is good authority—German, French and English—to believe that in most cases an immunity would be gained that would last possibly two years. There is some statement that reported cases would indicate a possibility that the acquired immunity sometimes lasted only a few months. As a result, however, of most exhaustive investigation, the official governmental report in France, recently made, advocates the use of this vaccine for all troops called into service; for all troops in service in notably infected localities and for all persons whose career brings them to any special exposure of the typhoid infection (nurses in hospital wards containing typhoid cases, physicians and all others actually engaged in caring for patients in time of typhoid epidemic, etc.).

The question of anti-typhoid vaccination in this country has been brought most actively to the front by reason of the particular interest and activity of the laboratories of the United

It is interesting to note that throughout the year 1910, 16,000 persons were subjected to this vaccine treatment, whereas in the first six months of 1911, about 28,000 were thus immunized. Throughout these treatments the amount of severe general reac-

Digitized by Google

tion resulting from these vaccine injections are noted after the first injection one-tenth of one per cent., the same after scond injection, and eight one-hundredths of one per cent. for the third injection. That is to say, ninety-nine per cent. of the people treated show no particularly marked reaction.

It is a requirement of the military service of the United States Army that each enlisted man shall be thus immunized. It has been for some years required in the German army that every soldier in the colonial troops shall be thus immunized and in many foreign armies, France and Italy for example, considerable bodies of troops are thus protected by vaccination, which is urged wherever such troops are detailed for duty in a possibly infected locality.—Public Health Journal.

The Conference of State Secretaries

The Nebraska State Medical Association members are requester to carefully read and consider the report by the state secretaries of constituent state associations, called in conference by the committee on uniform regulation of membership, which report may be found on another page of the Review. In the Journal of the A. M. A., November 2, 1912, page 1642, the same report is printed.

The committee from the house of delegates of the A. M. A. who formulated the proposed remedies were eminently qualified by acquaintance with the defects in our county and state constitutions, and the conditions to be met in widely separated localities throughout the United States, to present a simple and practical plan on uniform regulation of memebrship, for discussion by a conference of state secretaries.

Thirty-five out of forty-eight states were represented in the conference. The results of that confrence are given to the entire enrollment in county societies for your criticism.

County secretaries and delegates are especially urged to familiarize themselves with the scope of the report pending its discussion at our State Association session in Omaha, May 7-9, 1913. Any action by our State Association on said recommenda-

Digitized by Google

tions would necessarily issue from our house of delegates, but a general discussion of the report by the officers and county secretaries would be appropriate on "Executive Day."

Arizona Medical Journal

The first copy of this new medical journal has just been received, and although it is issued only quarterly, it is a commendable publication. It is issued by the council of the Arizona State Medical Association and published at Phoenix under the editorial management of Dr. W. W. Watkins. Vol. I, No. 2 contains a good deal of reading matter of a high class, indeed the general character of the journal is superior to that of many of the older state journals. It also contains a roster of the state membership and much valuable local information. It contains no advertising whatever.

We welcome the Arizona Medical Journal to the field of medical journalism and wish it success and a long and useful career. We will be glad to receive it regularly.

Bites of Insects

Neal writes to the China Medical Journal for March, 1912, that he has found the following procedure very useful:

Take one ounce of Epsom salt and dissolve it in one pint of water, wet a bath cloth so that it will not drip and rub the body well all over, and not wipe afterward but dress, and flies, gnats, fleas, bedbugs, mosquitoes, etc., will never touch you. If one is exposed more than usual, being near water, or in a forest, then make a somewhat stronger solution, wet a cloth and rub the face, neck, ears and hands well—do not wipe, but allow it to dry; it will leave a fine powder over the surface that the most blood-thirsty insect will not attack. Besides, the solution is healing and cleansing; it will heal the bites, subdue the consequent inflammation, and cure many diseases of the skin.

Digitized by Google

ORIGINAL ARTICLES.

Beginning Mental and Nervous Maladies

*By W. B. KERN, M. D., Ingleside, Hastings, Nebr.

The important features in handling, to a successful termination, any one of a large number of ordinary medical and surgical conditions, is the matter of an early and accurate diagnosis, followed by judicious care and treatment, and if this is of great importance in cases of a medical and surgical nature, and no one questions that it is, it is equally important in cases of a nervous and mental character. In fact, after considerable thought and observation, gained during several years of rather active experience, I believe there is no branch of medicine in which an early and a correct diagnosis and early and judicious treatment is of greater importance than in nervous and mental maladies. I am also of the opinion that this view is quite generally entertained by physicians familiar with such cases. The fact that this position is entirely warranted is verified by the recent statement of an eminent alienist and neurologist, who makes the unqualified statement that fully eighty or eighty-five per cent of beginning nervous and mental difficulties, occurring in individuals free from degeneracy and stigma, yield promptly and result favorably under present day treatment, while a very large number of these cases, curable in the beginning, are rendered incurable by being permitted to go unobserved for an indefinite period.

No illness or affliction is so wonderfully devastating to society as is insanity, and especially so in its various chronic or incurable forms. No other disease is attended with such disastrous consequences and none other so completely robs the individual of all he possesses that is worth while. The patient with a kidney or heart lesion, or any one of many serious maladies, even of a chronic or incurable kind, is still a part of his family or of the community. He orders his own and enjoys the same, lives with and loves his friends, and not infrequently such an individual keeps perfect step with the ordinary intellectual march of human progress, and may indeed be regularly in full possession of his intellectual and spiritual treasures, which he holds as his own, or in common with his fellow beings, but the individual whom an apparently unkind fate has touched

*Read before the Republican Valley Medical Association at Holdrege, Nebr., May 31, 1912.

Digitized by Google

with an intractable insanity is condemned to mental dissolution and decay, and without the possibility of any of these blessings or privileges. The advanced case of dementia, for instance, cannot be said to live, but merely to exist. Very many mental maladies, at one time and in the very beginning of the disease perfectly curable, are rendered hopeless, and the patient more than lost to his family and friends and to society, by lack of early recognition and proper care and attention, hence there is certainly no known condition to which mankind is heir that is of greater importance, nor in which the early detection of, and relief from, the malady is of such vast import as in mental cases.

It is always safe to predict that in the very incipiency of mental cases, if ever, as in very many other diseases, is the time when most encouragement by far can safely be given patient and friends, and to let the very early period in these patients go by unimproved, means indeed to loose to them the most important period in the management of their disease. These statements I am convinced are perfectly correct, and are easily verified if the trouble is taken to carefully investigate the results obtained in the best hospitals and sanitariums, and general hospitals provided with a department modernly equipped for the care of such cases, and there are many throughout this country.

State hospitals for the care and treatment of the insane are constantly admitting cases, primarily curable, but at the time of their admission of questionable prognosis, due largely, if not entirely, to the fact that the early and curable period of the malady has been permitted to go by unobserved, and the time for doing the patient some good having passed unimproved.

Such state hospitals are also filled with mental cases whose relatives and friends ,after the mental condition of the patient has becoem serious, and commitment, from one cause or another, to a state hospital is found absolutely necessary, recall numerous symptoms and changes presenting even several weeks or sometimes months before, often very early in the history of the malady, conditions largely overlooked at the time or thought to be due to nervousness or irritability, or worry over business matters or trivial affairs of some kind, and of little or no importance, hence conditions receiving but little or no attention in the beginning, and in that way very many curable and manageable borderline cases permitted to drift into more serious mental state, the relief from which is very often extremely doubtful.

Digitized by Google

Mental difficulties as a rule develop gradually, and while maniacal stages, or violent types of insanity, sometimes appear with but litle or no warning, yet as a rule, and in the vast majority of cases, it will be discovered that there has been a gradual change which migth have been seen by close observation.

Stress of various kinds, either mental or physical, and especially in conjunction with impaired nutrition of the central nervous system, or the general health, induces an exhaustion, upon the basis of which any one of a number of forms of psychoses may develop. These conditions of physicial impairment and mental strain may come about from too close application to business, overwork, overstudy, insomnia, lack of ourdoor exercise and fresh air, while the physical stress may result from exposures and hardships of various kinds, alcoholic indulgence, sexual excess, masturbation, and other similar causes.

The nutritive impairment in these cases may be, and often is, due to some blood discrasia or anemia, or occasionally to blood changes due to a cachectic state.

Among the very early and beginning evidences of the onset of a mental malady in an otherwise healthy individual is the appearance of a general lack of mental tone, a slowing of the thought process, impaired memory for recent events, lack of ability to concentrate the attention, rapid onset of weariness or fatigue following ordinary mental or physical exercise, emotional disturbances and irritability, or perhaps a noticeable depression, a diminished or apparent loss of mental power, beginning nervousness, restlessness and insomnia, some degree of mental confusion, and frequently a feeling on the part of the individual that all is not quite right, a disposition to fear and doubt in matters of business, with a rather noticeable tendency to dwell particularly upon self, a dread for his future welfare, or a foreboding of uncertainty, with frequently an inexplainable anxiety, with a realization of the presence of nervousness or mental discomfort which he is not able to throw off, and very soon following these, a realization of endangered mentality, and the possibility of insanity as a sequence. In these patients the normal excretions and secretions of the body are usually sluggish, and the presence of digestive disturbances and loss of appetite is the rule. The usual features of such psychoses are retardation and incoherence of the mental processes, manifested even in the quality of the milder hallucinations and delusions, and any one of a number of forms of insanity may come about from this asthenic state of the nervous system, the most

Digitized by Google

common being mania, melancholia, and various forms of depressive psychosis.

It is stated by most authors that these conditions are more frequently met in women than in men, and while I have no desire to contract this statement, yet my own personal observation and experience rather indicates the opposite view to be correct.

Many of these patients hesitate in the beginning to speak plainly of their difficulties and fear, and yet if the physician will exercise ordinary care, and put forth the usual spirit of kindness, he will experience but little or no difficulty in gaining the entire confidence of the patient and securing a clear history of his difficulties, and if the patient is a bright and intelligent individual, as very many of them are, frequently the statement that he has suffered greatly in fearful anticipation of a nervous breakdown, and a foreboding of a decidedly uncertain future. Many individuals in such a depressive state develop a marked suicidal tendency, this tendency being rather more noticeable in men and women who happen to be parents, than others, and just in this connection I am reminded of a case which came under my notice, that of a married woman, thirty-five years of age, with an excellent family history, and previously perfectly healthy, mother of two bright little girls, who with her husband and children occupied a comfortable and pleasant rural home, with little or nothing of a domestic or business kind to mar their happiness, quite unexpectedly, developed a mild depressive psychosis, with a decided degree of anxiety, which difficulty, by the way, was apparently perfectly curable. She possessed, during her depression, a suicidal tendency, and showed marked anxiety for the future welfare of her children, and while her friends were very strongly impressed with the importance of having her placed at once in some good hospital or sanitarium, and in the hands of a good competent neurologist, who had modern hospital facilities at his command, one well qualified to do the best possible for her, yet a delay of several days occurred while giving the family pyhsician, as friends expressed it, a chance to cure the case if possible. The family physician, an excellent gentleman and a very thorough physician, did not want this opportunity, however, and strongly advised against it. During this delay the patient wrote a neat, intelligent little note to her husband, advising that she thought it best to end all, so far as her own earthly career was concerned, and also stated she could not gain her own consent to leave behind her

Digitized by Google

children motherless and in the care of others; then carefully placed this note where it could be found later, and threw her two little ones into an open well and jumped in following, where the three bodies were found soon after, which discovery completed the story.

This case, in addition to giving further evidence of the great importance of a very early diagnosis and early care and treatment in these patients, verifies the statement which has often been correctly made that mental cases cannot, as a rule, be treated in their home, even under the most favorable conditions.

A very serious obstacle in the care of these incipient cases is, on the one hand, the fact that friends feel the patient not sufficiently ill to be passed upon by a county insane commission and committed to a state asylum, which action is necessary in most states before a patient can be admitted to a state hospital for the care of mental cases; furthermore, there is a natural prejudice against the necessity of having the fact that the patient is insane certified to by the necessary county authorities or individuals making up the usual county insane commission, and having the same become a matter of court record. This is usually thought to place a stain upon the patient and his family which will cling to them for all time, and even though this prejudice may be unwarranted and very unwise, yet it is very strong, and not infrequently sufficiently so to stimulate relatives and friends to permit of much unnecessary delay, and in that way valuable time is often lost, and incipient cases not infrequently converted into more confirmed or even incurable conditions.

On the other hand, the friends of such patients often feel themselves unable to meet the expense necessary in having the patient cared for in a modern private sanitarium or a hospital equipped for the treatment of such cases, hence permit of more or less delay in getting the patient properly cared for.

A few of the large general hospitals in this country are maintaining wards or departments for the care and treatment of mild and incipient mental cases, and admit also a large number of confirmed insanity cases, caring for them temporarily, and in the most modern way, and if within a reasonable time such patients do not show signs of satisfactory improvement, they are then passed upon by the usual commission and transferred to the department for insane, or to a hospital caring for mental cases only. In this way a large number of incipient, mild, and

Digitized by Google

curable mental cases, where friends are not willing to have them adjudged insane and sent to a state hospital in the beginning of their mental disturbance, or are unable to meet the cost of having them cared for in a modern private sanitarium, receive early and satisfactory care and treatment, and show a very large per cent of recoveries in patients, who, under other and ordinary conditions, would have been committeed direct to a state hospital in the beginning, thus creating an insanity record in the case, to which so many strenuously object, or else perhaps permitted to drift into a chronic or incurable condition, after which admission to a state hospital for insane is found necessary,and to remain there indefinitely, if indeed not to spend the balance of their lives in such an institution. Many state hospitals throughout the country are perhaps only fairly equipped for the proper care of incipient cases, due largely, I believe, to the fact that usually the state is more inclined to practice commercialism rather than scientific medicine, and yet state insane hospitals and asylums for the care and treatment of nervous and mental cases throughout this country today are, in the main, admirable institutions and compare very favorably with the best of the kind throughout the world. It may be safely said, however, and to their credit, that the vast majority of state hospitals in the middle west for the care of mental and nervous diseases are at this time modern and well equipped, and a very large amount of excellent work is being done and good results obtained.

In conclusion, I desire to emphasize the vast importance of the early recognition of nervous and mental diseases, and their early and judicious treatment, and while it is by no means absolutely essential that each and every patient be placed in an expensive private institution or sanitarium for the care of nervous and mental cases only, yet the great importance of desirable and modern hospital facilities and care, with the most pleasant and cheerful surroundings, cannot be overestimated.

Mastoid Abnormalities (Structural)

*By WILLIAM F. CALLFAS. C. M., M. D., Omaha.

EXTERNAL SURFACE.

The external surface is usually convex, but may be flat or concave.

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

A few weeks ago I saw a mastoid of a child, three years old. The external surface was concave, still there was a considerable space between the internal and external plates.

THE CORTEX.

The cortex is usually thin, especially in children, and gives way to suppurative inflammation.

The cortex may be thick and dense and not give way to a suppurative inflammation. This class does not show the external signs easily, viz: Mastoid tenderness, superficial redness, oedema and later subperiosteal puss.

THE MASTOID CELLS.

These vary greatly, both as to size and position. They may be very large or very small or altogether absent. I saw a case a year ago last winter in which the cells were very large. The subject was a man about sixty years old. The mastoid, as to the external appearance, was about the average size. On removing the cortex, the cavity was very large and composed of only a few cells, separated by frail partitions. The cells may be very small, or may be altogether absent. Kopetsky reports a case in which the external surface and landmarks were perfectly normal, but there were no cells at all. The cerebellum being covered only by the external plate in the mastoid region, an operation was performed, the external plate removed, which exposed the cerebellum.

The mastoid cells present great variety as to their location. They may extend far into the zygomatic root, under the lateral sinus, far behind the lateral sinus, or far into the petrous portion of the temporal bone.

Mosher reports a case on which he did a mastoid operation on one side though both sides had been suppurating, and upon irrigating the operated ear the fluid ran out of the opposite ear, showing a communication between the two temporal bones through the petrous portion.

Mastoid cells communicating with the sphenoidal sinus. Wells, Chicago, has a specimen, in this case, where the mastoid or ear was irrigated, the fluid ran out through the nose.

Mastoid cells communicating with the jugular process of the occipital bone.

In 1907, while doing some work on the mastoid, I found a chain of cells connecting the mastoid with the jugular process of the occipital bone; these cells were quite large (considering the location) and easily broken down. The jugular process was

Digitized by Google

completely honey-combed, made up of cells and covered only by a thin layer of cortex.

I called the attention of some of the leading ear specialists in Omaha and St. Louis to this specimen. It was the first of the kind that they had seen.

In such a case suppuration could easily extend into the jugular process of the occipital bone and infect the lateral sinus and bulb.

Since exploring this case, I examined some forty others and found that in about 30 per cent a chain of cells connected the mastoid with the jugular process of the occipital. I took into consideration only those cases in which it might be said that a suppuration, occurring in the mastoid, could extend into the jugular process through the connecting cells. I think this a very important and interesting class on account of the close relation of these cells to the lateral sinus and bulb. I have failed to find any literature on this class.

LATERAL SINUS.

Otto J. Stein, Chicago, and Beyers, each report a case in which the sinus was double.

I saw one case of double sinus, but did not get a chance to follow it up, as the patient lived.

Lateral sinus completely filling the mastoid, except the tip.

I operated on a boy 7 years of age and on removing a thin cortex pus was found covering what appeared to be a large cell. On removing more bone, it was found that this mass filled the mastoid except the extreme tip. This mass proved to be the lateral sinus. It was more than twice the usual width.

The lateral sinus may be very superficial and lie close to the plate separating the mastoid from the external auditory meatus.

I have a specimen which I removed from a subject a year ago last winter. In this the sinus passes forward to the auditory plate, then curves down at right angles. The sinus at this point was covered only by a thin layer of cortex.

In such a case it would be impossible to get into the antrum, without exposing the sinus.

THE PETROSAL SINUS.

C. M. Robertson, Chicago, has a specimen showing the superior petrosal sinus passing into the mastoid cells, with no bony covering, passing through the cells and re-entering the cranium just before entering the lateral sinus.

Digitized by Google

In such a case the sinus would be destroyed in a simple mastoid operation.

THE ADITUS.

A narrow constricted aditus giving rise to symptoms simulating mastoiditis.

Stucky, Lexington, Ky., reports a case, the patient a woman, had tenderness on deep pressure over the autrum, constant pain which was worse at night The pain first came on after a head cold and was not relieved by any treatment. An operation was insisted upon by the patient and family physician. Nothing abnormal was found in the mastoid, but the aditus was very narrow and constricted in one portion, so that the smallest silver probe could not be passed without force. The aditus was enlarged. The patient was entirely relieved by the operation. The pain was probably due to negative pressure due to an occluded aditus.

THE FACIAL NERVE.

Barrens, N. J., has a specimen in which the facial nerve passes in the facial ridge, directly in the posterior portion of the bony canal.

In such a case it would be impossible to do a radical operation without injuring the facial nerve. .

DRUM MEMBRANE.

The drum membrane may resist suppurative process indefinitely.

Gray, Glasgow, reports a case on which he made a post mortem. The subject was a woman 101 years old. The whole mastoid, autrum and middle ear were filled with a chalesteatomatous mass, yet there was no trace of a perforation.

Stucky, Bornhill and Heine, state that the drum membrane may be so unyielding that suppuration may go on in the autrum, middle ear and mastoid and may even be complicated with intracranial abscess, without rupture of the drum membrane.

It is my opinion that the structure of the mastoid determines the character of atypical mastoiditis and that it is possible, by means of the X-ray, to have a fairly accurate knowledge of the type of mastoid that you may have to deal with.

Eugene Crokett, Boston, reports several cases, diagnosed by the X-ray. I will mention one of them. The patient, a woman age 42; temperature ranging from 99 to 102, with symptoms of mastoiditis. An X-ray showed the mastoid normal on one side, the other side a little hazy, quite diagnostic of a bone which had

Digitized by Google

had an acute osteomyelitis, also a shadow one-half inch wide and one and one-half inches long, crossing to the back of the lateral sinus.

The mastoid was explored and no pus found, there was no pus in the autrum or middle ear.

On investigating the cause of the shadow, he found an extradural abscess, containing a dram of pus.

The patient made a good recovery and has been well ever since. He further states that an accurate diagnosis would have been impossible without the X-ray.

In the past few weeks I have had several X-ray plates made by Mick of Omaha. The result has been very satisfactory.

PLATE I.

A young Greek, had been in the United States five days, could not speak English. His left ear was discharging profusely. His general appearance, temperature, pulse and tenderness over the mastoid, all pointed to acute mastoiditis. An X-ray showed the two mastoids alike and normal. He was placed in the hospital and recovered in a week or ten days under local treatment.

PLATE II.

A young American, r. e. suppurating; pulse normal, temperature slightly below 98. His general appearance good, and feeling well enough to be about.

X-ray showed left mastoid normal, but the right dense. On operating, after passing through a thick dense cortex, I came upon an abscess leading to the lateral sinus. The pus was pulsating, the lateral sinus was thrombosed, it was an organized clot resembling connective tissue. The autrum, which was very large, was filled with a chalesteatomatous mass and pus.

Now this man did not feel bad, no temperature, and pulse normal, but the X-ray showed the one side dense, the other normal.

ANOTHER AID TO DIAGNOSIS—TRANSILLUMINATION.

Dr. Carl Hertzell invented an instrument called the Ophalmo-diaphanoscop und Universaldurchleuchtungs instrument. This instrument has 100 candle power and is provided with a water jacket, and by intermitting the electrical current every few second, there is no danger of over heating.

This can be used in transilluminating the mastoid as well as the eye and sinuses.

Digitized by Google

Latest Phases of Vaccine Therapy in Pulmonary Consumption

*By J. H. Tyndale, M. D., Lincoln, Neb.

TO START A CASE.

1. Find the individual dose by beginning with 1 or 2 minims of Mulford's Bacillen Emulsion No. 1. "Individual dose" does not imply producing a reaction. The effects must be reactionless and shown by improvement in one, two or all three of the general features—lassitude, anemia, emaciation.

2. Of the general features, lassitude is the most likely to show the first improvement. Local findings vary in the first stages of treatment.

3. Such improvement will be the indication: (a) To stick to the initial dose as long as improvement continues—never less than 4 weeks; (b) To slowly raise dosage by 2 minims. Further progression only after from 4 to 6 injections with intervals of 48 hours.

4. No notable improvement, but also no reaction temperature, calls for raising the dosage 2 minims. "Reactionless" counts from 98 degrees to 99.5 degrees—reaction from 99.8 degrees to 100 degrees and over.

5. So much for dosage. Intervals to be from 48 to 72 hours—the latter preferred.

6. To determine whether to start in with the milder serial dilutions of Mulford, or the more potent watery extract of tubercle bacilli of von Ruck. Whenever the general features are not of high grade and there is absolute freedom from fever, begin and continue with the latter.

TO CONTINUE A CASE.

1. As to dosage. The former rule to immunize the patient to the highest potency and beyond, is now abrogated.

2. The dose that furnishes the quantity of defensive power needed by the individual under treatment, is the proper one. There is such a thing as over-immunizing, equal to a re-inoculation.

3. The interval (not the dosage), the length of time required to show subjective and objective well being, is now the

*Read before the Nebraska State Medical Association, Lincoln, May 7-9, 1912.

Digitized by Google

governing factor. Six months is the low, two years the high limit.

4. This "well being" achieved, a rapid run upwards may be made through two additional Mulford series and these may be followed by von Ruck's No. 10.

5. If von Ruck's watery extract be used from the start, run through No. 100 or else repeat the No. 10 scale two or three times.

TO FINISH A CASE.

1. The above rules complied with, put the patient on probation. Four months of well being augurs success. But permanent success is reasonably certain only after two or three years.

2. Relapses during probation: Coarse relapses are easily diagnosticated. Sneaking relapses, beginning with symptoms least likely to attract attention are signaled by: (a) Vague muscular and arthritic pains; (b) Slowly progressive lassitude; (c) Increase of rapidity in heart's tempo; (d) Evening temperatures persistently above 99.5 degrees taken at 8 a. m., 12 m., 4 and 8 p. m.

CHOICE OF THERAPEUTICS:

Preponderance of toxemia:

Sodium cinnamate—"Abstraction from the lung soil of something necessary for the growth of the microbes."

Preponderance of local manifestations:

Non-reactionary immunization—"The addition of something which prevents growth by re-enforcing the defensive powers."

Closed cases with serous pleuritic effusion:

A patient's own serum "Autogenous Bacterin" is to be preferred to any other. Self-immunization, either by re-absorption or hypodermic re-injection, is one of the advances in vaccine therapy.

Thus far a small majority engaged in dispensary or sanatorium treatment of pulmonary tuberculosis adhere to the fresh air method as the fundamental one, with immunization in "selected cases" or "proper indications." To those we oppose the maxim: Vaccine therapy, unless distinctly contra-indicated, with the hygenic-dietic as a valuable aid.

Digitized by Google

The Prevention of Rheumatism

*By D. T. QUIGLEY, M. D., North Platte, Neb.

The profession has undergone a considerable change during the last ten years with regard to its views on rheumatism, particularly the cause of rheumatism, and therein lies the interest of this paper, for we are very seldom adequately equipped to do much toward the prevention of any disease when we do not understand the cause. Rheumatism has been the cause of many fantastic theories. I do not care to waste any time on these. Everyone who has kept pace with the literature on the subject for the last ten years knows that it is the commonly accepted opinion of the progressive medical world today that rheumatism is an infection.

The bacteriology of the disease is not yet exact but it is probable that there are many different germs that may cause rheumatism and in their function as factors in the etiology of this disease they are usually present in an attenuated form.

The micrococcus rheumaticus has been isolated and baptized, but it is probable that much rheumatic disease is caused by attenuated forms of steptococci, some authorities claim that the staphylococci may play a part. We know the gonococci may give us the same clinical picture as regards joint pains, as the so-called diplococcus rheumaticus, and the process is undoubtedly the same in both cases, the only difference being in the infecting germ. The Practitioner, published in London, in the issue of January, 1912, gives the entire issue to the subject of rheumatism and the twenty articles contributed by leading English medical men, all favor the germ infection idea as the cause of the disease. The recent literature of other countries is the same, including recently published text books. J. B. Murphy in a recent lecture in Paris, referred to the idea of rheumatism being caused by infection as commonly accepted by the medical profession.

How do the infecting germs enter the body? That at all times we are beset with numberless germs is evident by the rapidity with which the body begins to decay and rot when death occurs. The germs we have always with us. The life processes of a healthy animal are sufficient to prevent attack, but there are point of low resistance and these are probably the things of most importance in the etiology of rheumatism. Unfortunately

---

*Read before the Custer County Medical Society, at Arnold, Nebr., July 13, 1912.

Digitized by Google

we carry around with us a number of rudimentary organs. These are very likely, when once infected, to carry chronic infection and rudimentary organs usually get a very poor blood supply, are below par in vitality and resistance to infection, and consequently are good places for acute infection to begin in and chronic infection to continue in. A man "catches cold," due to his resistance to infection being lowered by chilling, starvation, alcoholism, or toxemia. His nasal passages, throat, and bronchial mucous membranes are infected. He absorbs a certain amount of toxic material from this infected area and has fever, weakness, etc., as a result of this absorption of toxins. "Nothing but a common cold," is likely to be the diagnosis of the doctor and right here let me digress long enough to say that the common cold is the most dangerous disease known to humanity. This man's system is putting up a fight for his very life and dire results may come to him as chronic local infections, that will go on poisoning his blood for years and finally bring him to an untimely end from cardiovascular-renal disease or rheumatic heart, or other chronic disease; these things may well make us pause and call on us to give our most respectful attention and highest professional skill to that great destroyer of human life and human efficiency, "the common cold."

As a result of "colds" we have chronic infections of the accessory sinuses of the nose, the tonsils, the pleura, the pericardium, the endocardium and probably the gall bladder, appendix and kidney. A low degree of chronic infection in any of these localities or in any part of the body may cause the disease we call rheumatism.

Decaying teeth and pyorrhea may also serve as a point for the absorption of poisonous materials which may produce the disease. One recent writer classes the mucus membrane of the intestines, when in a diseased condition, as a probable important factor in the causation of some cases of rheumatism. We know that the syphilitic virus travels, localizes and causes rheumatic-like pains. We know that gonococcus travels, localizes and causes rheumatic-like pains. We are coming to know that other germs that we have not heretofore suspected in this connection travel, localize and cause rheumatic-like pains. The problem in both the prevention and treatment of rheumatism is the problem of attacking the disease at the fountain head. It is in treatment a surgical problem. Rheumatism has passed from a medical disease to a surgical disease.

In prevention the main thing is the prevention of colds

Digitized by Google

and the keeping of a clean mouth. If colds have occurred and left chronic infection in the nose or sinuses, these must be corrected by surgical measures. The tonsils are the main offenders, and in children the infected tonsils are usually associated with adenoids. All adenoids and infected tonsils should be removed before the rheumatic affection starts if possible. If rheumatism, "growing pains," or the rheumatism of the nervous system and brain known as "St. Vitus dance," have begun, the trouble can be prevented from growing worse and usually cured by removing the focus of infection, which in children is usually the tonsils or adenoids.

If a focus of chronic infection occurs in some other organ, whether it be the fallopian tube, prostate gland, mastoid bone, or other locality, it must be properly treated if the risk of rheumatism is to be avoided. There are many cases of localized infection, where there is no apparent rheumatic affection. In these cases the infecting germ is not right, the absorption is limited or the toxic effect is manifested in some other way. In conclusion I would sum the prevention of rheumatism up in three rules.

1. Keep from "catching cold."
2. Keep your system free from diseased tonsils or other infected foci.
3. Keep a clean nose and a clean mouth.

REFERENCES.

1. The Abdomen, a Factor in Chronic Joint Affections, by Frank E. Peckham, Providence, R. I. Paper read at meeting of American Orthopedic Association, June 1, 1912.
2. An X Ray Study of Gastro-intestinal Findings in Multiple Arthritis. Paper read by G. R. Elliott, N. Y., time and place as above.
3. Acute Rheumatism Among Children. London Lancet, October 21, 1911. Article by F. Longmead.
4. Etiology of Acute Rheumatism. A. V. M. Henderson, Australian Medical Journal, April 19, 1911.
5. Practitioner, London, January, 1912, several articles by eminent English authorities.
6. Chorea and Rheumatism, M. S. Fraser. Practitioner, London, March, 1912.
7. Tonsilitis Associated with Rheumatism; Muenchner, Medizinesche Wochenschrift, February 20, 1912. P. Roethlisberger.
8. Nervous Manifestation in Rheumatism. British Journal of Children's Diseases, February, 1912. T. J. Poynton.
9. Streptococcus, Sore Throat. Journal A. M. A., March 16, 1912. Davis Rosinow.
10. Malignant Pneumococcus, Tonsilitis. Journal A. M. A., April 20, 1912. L. K. Hirshberg.
11. Streptococci in Experiment Arthritis. Journal A. M. A., April 27, 1912. D. J. Davis.

Digitized by Google

TEXT BOOKS.

12. Practice of Medicine. Dieulafoy. Paris, 1911.
13. Practice of Medicine. Strumfell. Leipsic, 1911.
14. Bacteriology. Jordan, 1908.
15. International Medical Annual, 1909.
16. Differential Diagnosis. Cabot, 1911.
17. Modern Clinical Medicine. Appleton & Co., 1910.
18. Clinical Symptomatology. Pick & Hecht, Vienna, 1911.
19. Diseases of the Heart and Aorta. Herschfelder, 1910.

The Teaching of the Principles of Infectious Diseases and Sanitation in the Public Schools

*By C. C. JOHNSON, M. D., Creighton, Nebr.

This paper is the result of an experiment, and with your kind consideration I will recite a few steps leading up to it. Years ago I heard the expression, supposed to have been uttered by an aged priest, "Give me the life of a child for nine years and you may have all the rest." There is a volume of philosophy in the phrase, and its origin is of little importance. Each year I am more fully convinced that the children of today must be enlisted for duty in the future, whether they are soldiers in defense of right or allies to wrong will depend entirely upon their education. Going a step further I will say that only by educating the children of our time in the principles of sanitation and diseases, but more particularly the diseases of infectious origin, can we anticipate any results of a permanent character. This education must not be left to newspaper advertisements and fad magazines, but should emanate from those who are in a position to know whereof they speak and who impress the lessons taught by their actions in everyday life. This subject should be well understood by the laity, for they are the people who are most vitally affected. At the present time with our system of education, only a few, a very few, are reached, and they are not taught in a systematic manner. For the past three years I have been of the opinion that school children should be taught the principles of infectious diseases and sanitation. The subject should not be deferred until the college or university is reached, for 75 per cent, I dare say, never mount that summit, and this large percentage are the ones who need the education most, for they will be in a position to do the greatest amount of good owing to their greater number.

The school boy of today is the man of tomorrow occupying

*Read before the Elkhorn Valley Medical Society, at Fremont, Nebr., July 12, 1912.

Digitized by Google

his niche. The girl of yesterday is the mother of today, infusing her knowledge into the little ones about her. It is possible but difficult to re-educate the older generation. As you all know, a very few will take kindly to your suggestions, and, if necessity compells, obey your orders for a time, but the majority pay very little attention to your teachings and are prone to criticize the new ideas and oft times put every obstacle in your way. I am speaking of the whole, not a selected and well educated class. On the other hand, children are amenable and will readily consider these questions, for it is their nature to investigate the mysterious, by virtue of inquisitiveness born in them. Make these subjects a part of their school room studies and they will grasp them and carry the lessons learned into their homes.

Having arrived at these conclusions, I waited for this route to reach the homes of the community in which I live. We were very fortunate to have at the head of our public schools for the past two years Superintendent E. S. Cowen, who was interested in this subject as in every good movement that will better social conditions, and thereby increase the efficiency of school room output. He asked me to deliver a lecture to his pupils on hygiene. Grasping the opportunity for which I had waited, I informed him that I would much prefer to broaden the subject and embrace infectious diseases; that to do so would require several lectures. By his hearty co-operation, arrangements were made to devote one hour each week to the subject, the time to be at a period which would be the most convenient for me, and by giving him twenty to thirty minutes' notice he would have the pupils in readiness. I began a series of lectures, giving in all twelve. Mr. Cowen held the pupils for the time spent, making the course a part of their school work and giving them credit for this work in lieu of their regular studies. This act on his part made the course more successful. To increase the interest I offered an individual prize for the best paper written from notes taken on the lectures. This work was presented to all pupils from the seventh to the twelfth grades.

Miss Constance Johnson, who, by the way, is not related to me, secured the prize, the paper which I have distributed being her composition. I feel a pardonable pride in being able to say that I doubt very much if there is another ninth grade pupil in the state who could equal it without systematic education on the subject.

The following outline was used to guide my course, enlarging upon the important subjects and to add interest, not for-

Digitized by Google

getting the commercial side of the question, as for intsance the role played by the nitrifying bacteria.

Infectious diseases. Define term.

Give general discourse on phraseology and terminology of words used in basteriology and pathology of infectious diseases.

Short history of the subject, especially the work of Koch.

Koch's postule. Give exceptions and why.

Micro-organism. Define.

Animal. Example. Vegetable.

(a) Fungi. Example. Disease produced, also commercial role. (b) Bacteria. Define. Bacteria:

1. Classification as to shape. Figures to illustrate.
2. Their growth and reproduction.
3. Sporulation.
4. Classification as to character of life, media required, and other characteristics. Division of group:

(a) Saprophytes. Define and give a comprehensive resume of their activity in the universe, especially the nitrifying bacteria. (b) Parasites. Define.

5. Source of infections.
   (a) Aerial. Examples of the most important of this class.
   (b) Water. Examples of the most important of this class.
   (c) Soil. Examples of the most important of this class.
   (d) Food. Examples of the most important of this class.
   (e) Animal. Examples of the most important of this class.
6. Portals of entrance:
   (a) Respiratory tract. Examples.
   (b) Digestive tract. Examples.
   (c) Genito-urinary tract. Examples.
   (d) Mucus membrane. Examples.
   (e) Skin. Examples.
7. Portals of elimination:

(a) Respiratory. With especial emphasis placed on sputum and nasal secretions. Examples.

(b) Digestive tract. Examples.

(c) Genito-urinary. Examples.

(d) Skin. Examples. Perspiration and epithelium.

8. Prevention of infectious diseases.
   (a) Habits of individuals.
   (b) Care of body to keep at highest point of resistance.
   (c) Isolation in cases of infections.
   (d) Vaccination. Explain term, and give theory of action.
   (e) Administration of antitoxin. Theory of action.

Digitized by Google

(f) Sterilization. Define term, give directions for dry, moist heat, steam, and boiling sterilization, and give specific direction for doing the same.

(g) Germicides.

(h) Care of excreta and tell how to do the same.

(i) Fumigation. Give directions for same.

9. Conclusions. With especially applied rules to prevent the spread of tuberculosis, using care to convey that what applies to one infectious disease may be applied to any other with modifications.

In closing I will say that I believe some physician in every village and city in the state should volunteer his services to the schools thereof, and whether he follows the above outline or one of his own which could be made more complete, would be a matter of choice. From my experience I am confident that if this matter were taken up as suggested, the results obtained in the next few years would be marvelous, far reaching, and what is of greater importance, permanent. These lectures will do more towards stamping out tuberculosis than any means employed today and at practically no expense to anyone.

Trusting you will not consider this paper a presumption, coming, as it does, from a young man, and appreciating the honor of being allowed to express my thoughts at this meeting, which is composed of the best intellect in the state, I thank you.

Treatment of Non-Septic Abortion

By J. S. Lancaster, M. D., York, Nebr.

It is evident to the writer that too many practitioners do not consider the abortion cases under their care according to the merits of the individual case. Altogether too often are all cases treated alike (dilatation and curettage) whether they be only threatened or inevitable, complete or incomplete, septic or clean.

The following brief outline of the treatment of inevitable non-septic cases was emphasized to the writer in student days and has since proven a good sensible course to pursue when handling such cases:

(A) Cervix Closed—Fetus and Decidau "in Utero" Hemorrhage.

In these cases the main indication is to arrest the hemorrhage. Pack the cervix with gauze and the vagina with wet lysol cotton. Pack the upper vagina tightly. This stops the hemorrhage and hastens the abortion. At the end of 24 hours there will be three courses to pursue:

Digitized by Google

(1) The abortion may be complete and need no more active treatment.
(2) Dilatation may not be sufficiently advanced and repacking indicated.
(3) Dilatation may be sufficient for more active treatment, as outlined in succeeding paragraphs.

(B) Cervix Dilated One or More Fingers—Fetus "in Utero" Hemorrhage.

If pains are strong and hemorrhage slight the case may be left alone and the abortion soon completes itself. With weak pains and hemorrhage the case should be terminated. With the index finger in the uterus separate the fetus and placenta thoroughly, and express the contents of the uterus by the Hoening method. Use two fingers of one hand in the posterior vaginal fornix, the other hand on the abdomen over the uterus —compress the uterus between the two hands. This procedure fails if the cervix is not dilated sufficiently to allow fetus to pass or if the fetus is not separated and is contraindicated if there be any inflammation or infection connected with the case. If of sufficient development the fetus may be seized directly and removed.

(C) Cervix Dilated—Fetus Expelled—Hemorrhage.

It is evident the abortion is not complete. Introduce finger, separate decidua and remove by traction or expression.

(D) Cervix Not Dilated—Fetus Expelled—Hemorrhage.

Dilate the cervix and remove the contents of the uterus. The cervical and vaginal pack is the safest and most natural means of dilating. It is sometimes expedient to use steel dilators and complete the operation at one sitting. Tents are dirty and dangerous and should not be used.

The removal should usually be done by traction or expression after separation by finger; however, the curette is indicated in very early abortion, in chronic abortion with hard uterine walls, and in some cases with stenosed cervices when artificial dilatation is difficult.

(E) Complete Abortion.

When abortion is complete, the fundus and lower uterine segment are hard and the lochia gradually decreases in amount. Here there is no indication for entering the uterus for any purpose. If there is an endometritis wait two or three months before curetting.

Following all abortions ergot and hydrastis should be given to favor involution.

Digitized by Google

CLINICAL REPORTS

Two Cases of Sporotrichosis

The recent report of a case of sporotrichosis by Dr. Olson, in the Journal A. M. A., September 21, page 941, helped me to clear up the diagnosis of two cases.

Case I—Mrs. C., age 26, healty and strong, lives twelve miles from town on a homestead; came to me August 18, complaining of an ulcer on her left forearm, about an inch from the elbow. On examination I found a deep ulcer the size of a dime, with well-defined raised borders, angry looking, and containing some thick pus in the center. Around the ulcer, on the flexor surface of the forearm extending down to the wrist, there were five nodules varying in size from a large nail-head to almost a quarter, situated subcutaneously and slightly hyperemic. There was one also about an inch above the elbow. There was no pain nor tenderness, only just where the ulcer was, and no other subjective symptoms. She was otherwise well and worked hard on a ranch.

At first sight it looked like scrofuloderma, but neither the history nor the further study of the case warranted such a diagnosis. She couldn't account for that ulcer in any way only that she probably hurt herself on that place. On general principles I painted the ulcer and the nodules with iodine and dressed the former. I told her to come to the office every day, as I wanted to watch the effects. But she could come to town only once or twice a week, so I gave her a little iodine and told her to paint the affected parts every day. I saw her a week later and found the nodules somewhat reduced, but the ulcer about the same. I gave her potassium iodide internally in addition to the local treatment. Two weeks later she came again to the office to show me that the ulcer had healed and all the nodules disappeared.

The second case is a girl 12 years old who came to me, when school started, from thirty miles in the country, complaining that "her blood was impure," and having two ulcers on her right hand and one on her left foot which did not heal. On examination I found the ulcers on her hand exactly the same as in the first case, and nodules of different sizes on her forearm and a few also on her arm. She told me she had had the sores since early summer when she was on the ranch for a few weeks. With the experience of the first case, I treated her the same

Digitized by Google

with potassium iodide internally and the tincture of iodine locally. This case was rather more protracted, probably due to waiting too long before she came for treatment.

These two cases are typical of sporotrichosis. Unfortunately I did not make a microscopic examination to verify the spores. But the clinical evidence is so clear, if the disease is in mind, that the diagnosis is justified without the laboratory. Both cases came from the country where they had all the chances to be infected. After I knew the disease I inquired more thoroughly about the source of infection; in the first place, I was told, there were several horses which had sores on their feet, and in the second place, the girl played with a cat which ran after gophers and rats. The source of infection is undoubtedly due to coming in contact with the sores of the horses or the cat which carried the infection to the girl from an afflicted rat or gother. The disease is not rare but is passed without recognizing it. It illustrates the importance of reporting cases, as they might help many a doctor to make a correct diagnosis.

M. H. Newman (Cody, Neb.)

Thyroid Feeding in Mental Diseases

Eager (Journ. Ment. Scien.) has carefully watched the effects of thyroid feeding in forty-one cases of mental disease, and believes that in selected cases it is decidedly beneficial. Following the method of McPhail and Bruce, Eager administered sixty grains of thyroid extract daily, in three doses for two weeks, unless the pulse and temperature showed too great a reaction, when it was temporarily suspended. The patients were put to bed, and records were kept of pulse, temperature, urine, weight, etc. The final results obtained were thirty-four per cent recovered, twelve per cent improved and the rest not benefited. The largest percentage of recoveries occurred in patients under thirty-five years of age. Of the effects produced by the treatment, increase in the pulse rate and rise in temperature were almost constant. Loss of weight was pronounced, the greatest amount being nineteen pounds in two weeks. Desquamation of the superficial layers of the skin appeared after the treatment was stopped. Urinalysis showed the effects of increased proteid metabolism. The author feels that the beneficial results are largely due to stimulation of some internal secretion, probably that of the organs of reproduction, since improvement is most marked during the period when these organs are normally most active.

Digitized by Google

ABSTRACTS

Alcohol Antidote

The Medical Times for July, 1912, tells us that ammonium chloride is recommended as an antidote to alcohol, given in doses of 30 to 60 grains, with copious draughts of water to prevent gastrointestinal irritation. It prevents the effects of the alcohol, sobers the patient quickly, and is a valuable preventive against delirium tremens. Should the patient not become quiet after taking the remedy, bromide or chloral hydrate may be administered.

Common Salt Poison

O. H. Campbell, St. Louis (Journal A. M. A., October 5), reports a case of a healthy boy of 5 years who received an injection of strong brine as a domestic remedy for worms. The mother made the mistake of putting a pound instead of a tablespoonful of salt in a quart of water. In five or ten minutes the child was taken with pain in the head, intense thirst and vomiting soon followed by severe purging. In thirty minutes he had become unconscious, and one convulsion followed another until death occurred five hours after the injection. A post-mortem was refused. Campbell has found no other like case reported.

Horse Sense

As bearing on the views of most modern psychologists as to the very narrow limitations which should be accorded to the intellectual processes of the lower animals (the view contended for by Roosevelt and Burroughs as opposed to the decidedly imaginative writings of Seton-Thompson, Roberts and Long), the report of Professors Kraemer and Ziegler and the zoologist Sarasin (Deutsche Med. Woch. 38 1799, 1912) on Krall's trained horses is of great interest. It will be remembered that the first accounts of the wonderful performances of these horses were received with great skepticism by the scientific world and that the first men of science who investigated them reported that the whole thing was practically a set of tricks in which the trainer in one way or another suggested to the horses the desired answer. The present report, which is the result of several days' careful study, showed unequivocally that the horses could read French and German words, written phonetically; could

Digitized by Google

write, by picking out the proper letters, words which they had never heard before; that they could in the same way convey ideas of their own; that they could solve arithmetic problems of considerable complexity. The tests excluded the possibility of sign suggestion by the trainer as they were partly carried on in his absence and partly by sound alone, when no one was in sight of the animals. There was a marked difference in the achievements of the partly and fully trained animals; and even with the latter the results varied considerably according to their moods.

GIFFORD.

Enlargement of the Thymus—A Remarkable Case

Kennedy in the Glasgow Medical Journal reports the case of a female child 4½ years of age who died after an illness of two months' duration. The thymus gland was found to be enlarged and apparently caused death by pressure on the right auricle and pulmonary vessels. The liver, kidney, spleen and lungs showed a marked degree of passive congestion. There was slight enlargement of the mesenteric glands, but none of either the axillary or inguinal groups and nothing to show the condition of status lymphaticus. Microscopically the thymus showed an angiomatous condition with dilation and hyperplasia of vessels, but it is not certain whether this was due to passive congestion or represented a true angioma of the gland.

RODNEY W. BLISS (Omaha).

Hormonal

Zuelzer (Deutsch med. Wochenschr., No. 26, 1912). The intravenous use of hormonal, as a peristaltic stimulant, has of late fallen somewhat into disrepute on account of the observation that alarming symptoms of collapse have followed its administration. Zuelzer, the originator of the treatment, who hitherto has strenuously denied the occurrence of the complication, now states that he too has recently observed it. The fact that the first reports of the treatment, involving some 4,000 injections, did not mention this accident, whereas recently it has been repeatedly reported, led him to infer that there must have been of late some change in the constitution of the drug as marketed. An investigation showed this to be a fact, and the toxic constituent was identified as an albumose. Zuelzer states that at present only albumose-free hormonal is marketed, and that all the older preparations, i. e., those bearing a numeral less

Digitized by Google

than 51, should be rejected. This new preparation is exceedingly active and entirely non-toxic.

The almost magical properties of hormonal, one or two injections of which often relieve obstinate and habitual constipation, when not obstructive in nature, may now, he states, be utilized by the practitioner without fear of danger.

Laryngeal Changes in Pregnancy

In about 50 per cent of all pregnancies, inflammation is present in the upper air tract, especially on the posterior laryngeal wall. Imhofer draws the following conclusions from a patholo-anatomical study of the larynges of seven pregnant women and fifteen pregnant guinea pigs. The laryngeal changes in the human are not directly due to the pregnancy but to its unavoidable complications. In animals, changes in the connective tissue, slight edema, etc., are present. The changes are most similar to the vaso-dilatation hyperemia of the skin, described by Kreigich. Just why these changes predispose their subjects to tubercular infection is not explained.

Imhofer. Ztschr. f. Laryngol., Rhinol. u. ihre Grenzegeb.—(Laryngoscope.)

For a variable time after child-birth the singing voice occasionally fails to respond to the will and fears are entertained that the voice is lost. Owing to the predisposition to tuberculosis at this time, if there is any cough or hoarsness, the larynx should be examined. The loss of the singing voice, however, is generally due to a loss of the tone and of the control of the muscles of the larynx and throat used in the production of the singing voice, and with renewed training, and return of general tone, the voice regains its power. A favorable prognosis can be given in these cases therefore and much anxiety removed.

H. B. Lemere (Omaha).

The Sound Should Not Be Used in Case of Foreign Bodies in the Oesophagus.

Voss (Zeitschrift f. Ohrenheilk. LXVI p. 1.) reiterates the warning of Koerner as to the dangers of using the sound or bougie, where a foreign body is believed to be in the oesophagus. He gives one case in which the sound forced a fish-bone nearly out of sight through the gullet-wall; and in an addendum to his article Valentine reports a patient who had swallowed a chunk of bacon which stuck five centimetres below the sternal notch.

Digitized by Google

The family doctor passed a sound clear into tho stomach and assured the patient that there was nothing wrong; but as the man could not swallow, even liquids, he refused to be comforted and went to the clinic at Berne where, with the use of the oesaphagoscope, a piece of bacon 5x5x3 cm. was removed. The sound had simply pushed it to one side. Here, of course, the sound did no harm except to give an unwarranted sense of safety. To the reviewer it appears that while there can be no question that the oesophagoscope is the instrument of choice and that the sound or bougie should never be used in the case of sharp bodies like bone-fragments or false teeth, it may still be justifiable, if the oesophagoscope or the skill to use it be wanting, to use the sound when the foreign body is smooth or soft.

GIFFORD.

Intestinal Disturbance in Grave's Disease

To the kaleidoscopic appearances of Grave's disease, diarrhoea must be added. Schmieden (Deutsch. Med. Woch. 33, 1571, 1912) reports a case in which the intestinal disturbances so overshadowed the other symptoms that the patient, a laborer of 36 years, was sent to a surgical clinic for a more accurate diagnosis of his bowel trouble. Nothing wrong was found in the abdomen, but as the man had slight but typical symptoms of Grave's disease, half of the thyroid was removed and the diarrhoea stopped at once. The other symptoms also disappeared, though more gradually. The diarrhoea was of a nervous type and Schmieden thinks it was due to an over stimulation of the sympathetic by the thyroid secretion.

GIFFORD.

The Operation of Excision of Tarsus and Conjunctiva (Heisrath) in Old Trachoma, Together With Demonstration of a New Instrument, and a Description of a New Method of Performing It.

Under the above title, Dr. J. Herbert Claiborne of New York has written a most interesting paper, which appeared in the American Ophthalmological Society's Transactions for 1911.

In the Archives of Ophthalmology, March, 1910, Dr. H. W. Wooten described the radical surgical treatment of old cases of trachoma by the combined excision of tersus and conjunctiva after the method of Heisrath. This operation, as Dr. Wooten

Digitized by Google

pointed out, has met with little favor outside of Eastern Prussia, where trachoma is so prevalent, and where the operation has been in vogue for the last ten or fifteen years.

Dr. Claiborne's modification has simplified the operation to a marked degree. His method is as follows: The lid is grasped with a pair of "U" shaped forceps and everted, the handle of the forceps being turned over the brow. The conjunctiva and tarsal cartilage are then removed by the incision shown

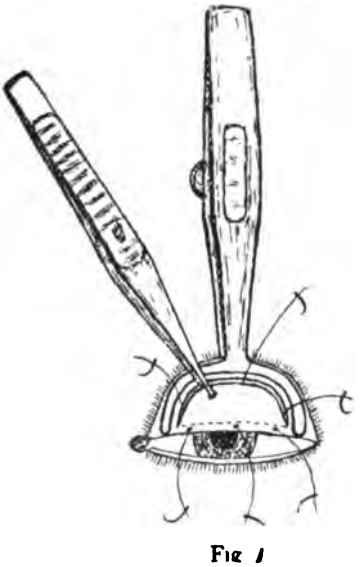


Fig. 1

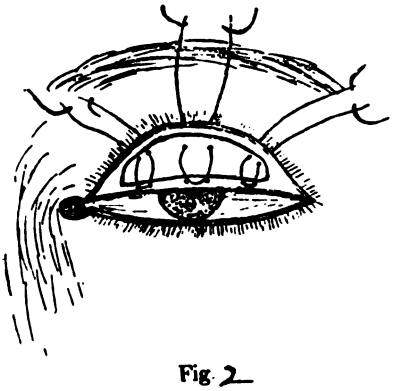


Fig. 2

in Fig. 1. In Fig. 2, the method of applying the sutures is indicated. These sutures emerge on the skin side of the lid, and, when tied over small rolls of gauze, draw down the conjunctiva from the upper fornix and cover the raw surface. Any entropion existing is corrected by this method. This operation is advised in old cases of trachoma with pannus, which are seemingly hopeless. Excellent results have followed its use in such cases.

The reviewer lately performed this operation in an old case of trachoma with pannus and trichiasis, which had lasted for over sixty years. The result was surprisingly good.

J. M. Banister (Omaha).

Digitized by Google

The Treatment of Gastric Crises of Tabes

The treatment of gastric crises of tabes has been claiming a great deal of attention of late. Surgery is beginning to promise relief to some of the unfortunates suffering from this condition. Exner (Weiner klinische Woch., Sept. 19, 1912) takes up the method of treating these crises by severing the vagus nerve on both sides.

·Moriquand and Cotte (Presse Medicale, Paris, September 14) report a case in which they applied Franke's method of tearing the intercostal nerves in treatment of gastric crises in a tabetic of 39. They tore five nerves, from the seventh to the eleventh intercostal nerves inclusive, and they think that this is not enough, as the patient already shows signs of recurrence of trouble. The operation put an end completely to the gastric pains, but it did not influence the lightning pains and bladder crises. "The case teaches the necessity for making the operation more extensive, including from the fifth to the twelfth intercostal nerves and possibly the two lumbar nerves. With the Franke and Forster technics there is nothing to prevent regeneration of the nerves, and it seems logical that the functioning of the ganglion should be suppressed as the only certain means to ward off recurrence. If the Franke technic can thus be improved while retaining its comparatively harmless character it will represent a great advance."

Under the medical treatment Hunt in an excellent article on the treatment of tabes in the Amer. Jour. Med. Sciences, September, 1912, mentions the use of cerium oxalate, grain v every half hour, minute doses of strychnia, methylene blue 1 grain doses, chloral hyd., antipyrine, etc. He advises building up and strengthening the patient as much as possible.

Oppenheim speaks of injections of cocaine into the epidural and subarachnoid spaces of the spinal canal. Levy and Pope suggest alcohol and stovaine. Simple lumber puncture has been advised with scant results.

FRANK M. CONLIN (Omaha).

The Difficulties Which May Arise During Pregnancy and Labor After the Operation of Ventrofixation and Suspensio Uteri.

Fergusson (Journal of Obstetrics and Gynecology of the British Empire, September, 1912) presents a very instructive argument for and against ventrofixation of the uterus. While

Digitized by Google

this operation has been largely abandoned by gynecologists it is still regarded with favor by a few gynecologists and surgeons. There are so many objections to the operation from the obstetric point of view that it is scarcely conceivable that anyone should recommend the operation for backward and downward displacements of the uterus in women of the child bearing period. There are so many devices which are far removed from the serious objections of ventrofixation that it becomes unnecessary and ill advised to adopt ventro-suspension and ventro-fixation of the uterus.

Fergusson enumerates the various difficulties which are met with during pregnancy and labor. The following outline is an epitomy of this discussion:

1. During pregnancy:

(a) Excessive pain during the second half of pregnancy owing to the growing uterus tugging at its moorings.

(b) Hyperemesis gravidarum seems to be met with fairly often and is probably caused by the traction on the dense adhesion setting up a reflex emesis as in a case recorded by Dr. Camerson of Montreal.

(c) Tendency to premature labor.

(d) Placenta praevia, or at least a very low attachment of the placenta predisposing to hemorrhages in the later months; in my own case there was a big hemorrhage at the eighth month, and at the subsequent Caesarean section the placenta was found with a very low attachment.

2. During labor:

(a) Tedious labor; the posterior wall gets so much thinned out that it is unable to contract properly.

(b) The anterior wall takes no part in the growth of the uterus and may interfere with labor in two ways, viz:

1. It has been observed to act like a tumor obstructing labor.

2. More commonly, the foetus lies on this thickened wall as if on a shelf and so fails to enter the lower segment.

(c) Delay may also arise in the proper opening of the cervix. The probable reason of this is that the natural axis of the uterus is altered, the fundus being attached just above the pubes and the cervix lying in apposition to the sacrum, so that practically the whole of the uterine cavity lies above the axis proper.

(d) Abnormal positions of the foetus owing to the peculiar shape of the uterus necessitating adaptation to that

Digitized by Google

shape, transverse positions and breech presentations being met with more frequently than is usually the case. In my own case the presentation was a transverse one, but it is an interesting fact that in the previous labor after ventrosuspension the presentation was a breech, this being due in all probability to the fact that the child was a very small one and was slightly premature.

(e) Extreme difficulty in version of the transverse presentation cases. This is due, no doubt, to the uterus being so immobile.

(f) The risk of rupture of the uterus during manipulative procedure is greatly increased owing to the thinness of the posterior wall.

PALMER FINDLEY (Omaha).

Oatmeal Oedema

In his first communication on the oatmeal cure for diabetes, von Noorden referred to the occurrence of oedema as a not infrequent result, and various others have made the same observation without any further explanation than that it was only observed when bicarbonate of sodium was also being taken. Mirowsky has claimed that the oatmeal was the sole cause of the oedema, but Borchardt (Deutsche Med. Woch., 37, 1761) has found that the bicarbonate is the real cause of the oedema, but that the latter only occurs when the urine becomes alkaline, and that the role played by the oatmeal is in helping the bicarbonate to produce the alkalinity. He found that when the bicarbonate made the urine alkaline without causing oedema, the addition of the oatmeal did not alter the case; but where the bicarbonate failed to change the reaction of the urine, the oatmeal in addition caused oedema to appear in some cases together with an alkaline reaction in the urine. Oatmeal alone sometimes makes the urine alkaline and this power resides in the fact that during the cure large quantities of diabetic sugar are burned, together with much acetone which, without the oatmeal, would be using up the alkali in the blood. It thus reduces the acidosis and leaves part of the administered bicarbonate to be excreted in the urine. Why the excess of bicarbonate causes oedema is as little understood as the similar sequence of sodium chloride retention. The contradiction of these results to the teachings of Fischer in this country may be noted by the way.

GIFFORD.

Digitized by Google

COUNTY SOCIETY EDITORS

E. G. BARNHARDT, M. D., Department Editor

A. B. Anderson, M. D.
Pawnee City, Pawnee Co.
S. M. Baker, M. D.,
Alma, Harlan Co.
E. D. Banghart, M. D.
David City, Butler Co.
H. H. Bellwood, M. D.,
Alliance, Box Butte Co.
J. S. Blanchard, M. D.,
Kearney, Buffalo Co.
J. H. Boyes, M. D.,
Hebron, Thayer Co.
F. A. Butler, M. D.,
Harvard, Clay Co.
E. S. Case, M. D.,
Stockville, Frontier Co.
W. F. Conwell, M. D.,
Neligh, Antelope Co.
Rachel M. Cooper, M. D.,
Aurora, Hamilton Co.
J. W. Craig, M. D.,
Minden, Kearney Co.
W. L. Curtis, M. D.,
Fairbury, Jefferson Co.
Sidney Eastman, M. D.,
Belgrade, Nance Co.
W. F. Engleman, M. D.,
Grand Island, Hall Co.
A. P. Fitzsimmons, M. D.,
Tecumseh, Johnson Co.
C. P. Fordyce, M. D.,
Manley, Cass Co.
C. L. Hooper, M. D.,
Butte, Boyd Co.
S. R. Hopkins, M. D.,
Hastings, Adams Co.
F. A. Long, M. D.,
Madison, Madison Co.
Jno. I. McGirr, M. D.,
Beatrice, Gage Co.
F. J. McRae, M. D.,
Albion, Boone Co.
W. F. Mitchell, M. D.,
Superior, Nuckolls Co.
M. M. Newbecker, M. D.,
Ord, Valley Co.
A. P. Overgaard, M. D.,
Fremont, Dodge Co.
Syl. Person, M. D.,
Stanton, Stanton Co.
C. D. Piasecki, M. D.,
St. Paul, Howard Co.
D. T. Quigley, M. D.,
North Platte, Lincoln Co.
M. A. Quincy, M. D.,
Ashland, Saunders Co.
Howard W. Quirk, M. D.,
Crete, Saline Co.
D. J. Reid, M. D.,
McCook, Red Willow Co.
B. F. Richards, M. D.,
Crawford, Dawes Co.
H. P. Sheldon, M. D.,
Scottsbluff, Scottsbluff Co.
L. H. Sixta, M. D.,
Schuyler, Colfax Co.
Hal C. Smith, M. D.,
Franklin, Franklin Co.
P. A. Sundbury, M. D.,
Holdrege, Phelps Co.
A. E. Wade, M. D.,
Lexington, Dawson Co.

NOTES AND NEWS.

Dr. R. L. Bosworth of McCook, Neb., has removed to Corvallis, Ore.

Dr. Getzlaff of Sutton, Neb., is in Europe taking post graduate work.

Dr. A. G. Emerson of Scottsbluff, Neb., has located recently in Bingham, Neb.

Dr. H. J. Arnold of Columbus, Neb., has gone to California for a vacation.

Dr. Bevington of Schuyler, Neb., died October 24, 1912, after an illness of several years.

Dr. F. L. Wharton of Columbus, Ohio, is a new physician recently located in Lincoln, Neb.

Dr. J. M. Heumann, a recent graduate of the Rush Medical college, has located in Benson, Neb.

Dr. R. A. Grigsby of Fowler, Colo., is a recent addition to the medical profession of Scottsbluff, Neb.

Dr. J. A. Hasemeier, a former Cass county physician, died at his home in Los Angeles, Cal., October 20.

Dr. J. H. Sayer of Cozad, Neb., intends to spend the coming winter in post graduate work in New York.

Dr. Sadie Doran of Davenport, Iowa, will locate shortly in Falls City, Neb., for the practice of medicine.

Dr. Ross of Papillion, Neb., has rented a home in Omaha and will locate there for the practice of medicine.

Dr. Rice has located at Humphrey, Neb., assuming the practice of Dr. P. H. Metz, who will remove to Florida.

Dr. R. P. Hoxsey of Valentine, Neb., has removed to Longmont, Colo., where he will make his home in the future.

Dr. W. A. Franklin of Blue Hill, Neb., has removed to Magnolia, Ill., where he will in the future make his home.

Dr. L. S. Gilman of Havelock, Neb., has removed to Union, N. H., where he will in the future make his home.

Digitized by Google

Dr. J. J. Humpal of South Omaha, Neb., has removed to Ravenna, Neb., where he will make his home in the future.

Dr. E. M. Bray of Ponca, Neb., has located at Martinsburg, Neb., instead of going to South Dakota, as was reported.

Dr. Edward R. Hays of Omaha has removed to Falls City, Neb., where he will engage in medical and surgical practice.

Dr. F. J. Farwell of Unadilla, Neb., has located in Friend, Neb., and has formed a partnership with Dr. Henton of that city.

The new hospital which has recently been erected in Pender, Neb., has been opened and is now ready for the reception of patients.

Dr. A. A. Bald has purchased the practice of Dr. G. F. Pugh of Platte Center, Neb., and is now engaged in medical practice there.

Dr. E. A. Benton, for thirty years a practicing physician in Central City, Neb., died at his home November 2, from heart disease.

Dr. C. K. Williams of St. Louis, Mo., has located in Grand Island, Neb., where he will be associated in practice with Dr. D. C. Sneller.

Dr. E. X. Crowley of Lincoln, Neb., and Miss Pearl Murphy of Homer, Neb., were married at the home of the bride, Wednesday, November 6.

Dr. B. Tiesing of Columbus, Neb., who recently underwent an operation on his kidney, at St. Joseph's hospital in Omaha, is convalescing nicely.

Dr. J. S. Lancaster and Miss Mildred Post, both of York, Neb., were married at the home of the bride, October 9. They will make their home in York.

Dr. Raymond Douglas, for a short time located at Marquette, Neb., has removed to Clarks, Neb., his former home, and will engage in the practice of medicine.

Dr. A. D. Dunn of Omaha suffered a comminuted fracture of the right forearm while cranking his automobile, October 17. The doctor is convalescing nicely.

Dr. J. W. Parsons of Benson, Neb., and Miss Eva Wistlund of Omaha were married October 16th in Council Bluffs, Iowa. They will make their home in Benson.

Dr. F. W. Plehn of Scottsbluff, Neb., has sold his sanitarium in that city to private parties and it will in the future be conducted as a general independent hospital.

Dr. G. A. Bevington, a prominent physician of Schuyler, Neb., died October 24, 1912, of tuberculosis. Dr. Bevington was a graduate of Starling Medical College, 1898.

Doctors Sumney and Hellwig announce the removal of their offices to Suite 1011, New Woodmen of the World building, corner Fourteenth and Farnam streets, Omaha, Neb.

Dr. C. E. Lewellen and Miss Jeanette M. Hugg, both of Lincoln, Neb., were married at the home of the groom's mother, October 24. They will make their home at Western, Neb.

Dr. H. P. Sheldon of Scottsbluff, Neb., died November 6 at the age of 57 years. Dr. Sheldon was a brother of Charles Sheldon, the well known writer and author of "In His Steps."

The Platte County Medical Society will hold its regular quarterly meeting Monday evening, December 2, 1912, at which meeting election of officers for the year 1913 will take place.

The family—wife, son and daughter—of Dr. Butler of Harvard are spending the year at San Diego, Cal., son and daughter attending school there. The doctor is practicing at Harvard, just the same as he has during

Digitized by Google

the past twenty-seven years, and looking after the large estate he has accumulated there.

Dr. William M. Millen, for many years a practicing physician in Omaha, Neb., died at his home October 22, at the age of 65, after a somewhat protracted illness, a result of kidney and heart trouble. Dr. Millen had not been engaged in active practice for a number of years, owing to his various ailments, but conducted a drug store on the corner of Thirteenth and Jackson streets. His wife, also a physician, survives him.

GENERAL NOTES AND NEWS.

Dr. J. E. Lee, a Minnesota eye specialist, was recently arrested and fined $25, for illegal practice at Lemmon, S. D.

A clinic in defects of speech and voice has been added to the nose, throat and ear department of Rush Medical College.

Dr. Fenton B. Turck has moved from Chicago to New York City, where he has purchased a home at 14 East Fifty-third street.

Dr. Udo Wile has been appointed professor of dermatology and syphilology in the University of Michigan, Ann Arbor, vice Dr. William Breakey, resigned.

Boston, Mass., has added to its achievements the possession of four children born at one birth, all alive and well. Quadruplets are rare, even in Boston, but these children have showed every intention of living.

Reports received by the United States Public Health Service during the week ending October 18 show that during the month of September only 30 cases of smallpox were reported in the United States, with no death.

Dr. George William Beach, formerly assistant superintendent of the Iowa State Sanatorium for Tuberculosis, has been appointed superintendent of the Minnesota State Sanatorium for Consumptives, succeeding Dr. L. B. Ohlinger, resigned.

Dr. C. Dana Carter, Basin, Wyo., has sold his practice and hospital to Drs. Herbert T. and George A. Harris, Basin, and Dr. Chester E. Harris, Chicago, and the new purchasers have incorporated the hospital with a capital stock of $18,000.

Dr. George Dock has resigned as dean of the Washington University Medical School, St. Louis, in order to devote more time to his duties as professor of medicine in that institution, and Dr. Eugene Opie has been appointed to succeed him.

It is announced in the daily press that Dr. Alexis Carrel of the Rockefeller Institute for Medical Research has been awarded the Nobel prize, valued at $39,000, in recognition of his achievement in the suture of blood-vessels and the transplantation of organs.

Miss Helen Keller, whose achievements in spite of her disadvantages have been many, exhibited to the Otological Congress in Boston, on August 16, her recently acquired ability to sing. She also addressed the congress in three languages—English, French, and German.

The proprietor of a Brooklyn saloon and three other men were arrested recently for selling cocain, opium and heroin to school children in the Bedford and Bushwick sections. More than 500 packages of the drugs were seized. It is said that the drugs were sold on the street corners for as little as five cents. The offenders were held in $5,000 bail.

The dean of Johns Hopkins Medical School announces that it has become necessary to limit the number of students owing to the limited space and facilities in the various laboratories. The present enrollment is 355,

Digitized by Google

the largest in the history of the school, and fifty other students were refused admittance prior to the beginning of the session.

Dr. Ernest B. Hoag has been engaged by the state of Minnesota to travel about the state to demonstrate that the conservation of the mental and physical health of school children is possible and practicable with the means at hand. To furnish the necessary technical knowledge, the state board of health will maintain at the capital a bureau of information concerning child hygiene, medical supervision, school hygiene, etc.

Dr. J. C. Miller of Ord reports that his brother, Dr. R. G. Miller, formerly of Taylor, Neb., went to Mexico in the capacity of mining surgeon, a few years ago. He located at Sinolova and had charge of the Tominol mine. In the late rebellion the mine was blown up and the doctor narrowly escaped with his life. He then located in the southern part of Mexico, at the Berestain mine, where it is hoped he may practice his chosen profession in more peaceful surroundings

The notedly clean streets of Berlin, the capital city of the German empire, not only assist in keeping the death rate low and please the eye, but add, as well, to the comfort of everyday life. At the season of the year that Young America is being taught to "swat the fly" there is no occasion to teach Berliners any such activity. Although window screens are almost unknown there, so few flies can be found in any place that they appear lonely. The city's admirable street cleaning methods do not leave enough refuse to permit flies to breed.

The American Surgical Association has appointed a committee consisting of Drs. William L. Estes, South Bethlehem, Pa.; Thomas W. Huntington, San Francisco, Cal.; John B. Walker, New York City; Edward Martin, Philadelphia, and John B. Roberts, chairman, 313 South Seventeenth street, Philadelphia, to report on the operative and non-operative treatment of closed and open fractures of the long bones, and the value of radiography in the study of these injuries. Surgeons who have published papers relating to this subject within the last ten years will confer a favor by sending two reprints to the chairman of the committee. If no reprints are available, the titles and places of their publication are desired.

RESOLUTIONS PASSED ON THE DEATH OF DR. SHELDON, BY THE SCOTTSBLUFF COUNTY MEDICAL SOCIETY, OCTOBER 28, 1912.

Whereas, It has been the will of the Divine Ruler of the Destinies of All, to remove by death from this society, our esteemed secretary, coworker and friend, Dr. H. P. Sheldon; therefore be it

Resolved, That in the death of Dr. Sheldon, this society has lost an earnest co-laborer and conferee, and this community a faithful servant in time of need. And be it further

Resolved, That among other beautiful tributes of character, it can be truly said of Dr. Sheldon that, that of service to his fellowmen, both in his profession and in his religious work, stands out most prominently and is worthy of emulation.

Resolved, That the sincere sympathy of each and every member of this society is extended to the bereaved wife and daughter, and that a copy of these resolutions be sent to them. And be it finally

Resolved, That a copy of these resolutions be enrolled upon the permanent records of this society, and a copy be sent to the Western Medical Review for publication and to the local press.

Sincerely submitted,

C. A. BOYD, M. D.
F. W. PLEHN, M. D.
A. CRAWFORD, M. D.

Digitized by Google

SOCIETY MATTERS

NOTICE TO COUNTY SECRETARIES.

If you have not since October 1, 1912, received an express package from this office, containing state and county Constitutions and all necessary secretary supplies for your 1913 report to me, please advise me by early mail and I will trace your package or send another one to you.

It will expedite and minimize your work and mine, too, if you get your members to pay their 1913 dues so you can forward the amount in a lump sum to me, in January, 1913.

Only 178 members were reported to this office as paid for 1912 prior to April 30, 1912.

JOSEPH M. AIKIN, State Secretary.

FIFTH COUNCILOR DISTRICT.

The Fifth Coucilor District Medical Society met at Oakland, Neb., on Thursday evening, October 24, 1912. Meeting was called to order by Councilor Overgaard of Fremont. The following papers were read, viz: "Hydatidiform Cyst," by Dr. E. Lynch, Scribner. "Eclampsia," with report of a case, T. R. Van Meter, Fremont. "Ileus," G. H. Rathbun, Fremont.

Interesting discussions followed ecah paper. After the scientific program a banquet was served, at which the wives of physicians were present. Many visitors were present and the meeting was pronounced a great success.

M. WOOD, Tekamah,
Secretary Burt County Society.

CLAY AND FILLMORE MEDICAL SOCIETIES.

A joint meeting of Clay and Filmore County Medical Societies was held at Geneva, July 30. An interesting meeting, banquet, and visit to the Girls' Industrial home. A splendid turnout of doctors were present.

The recent meeting of the Clay and Filmore County Medical Societies, held at Clay Center, was attended by not only the representative medical men of these two counties and elsewhere' but also the profession of Hastings was well represented. An interesting program was carried out, all partaking of an oytser supper at its close.

BUTLER COUNTY MEDICAL SOCIETY.

The annual meeting of the Butler County Medical Association was held in David City, on October 22, a good percentage of members being present. Arrangements were perfected for a quarterly meeting of the association. The following officers were elected:

President—Dr. H. E. Burdick, David City.
Vice President—Dr. Marrow, Brainard.
Secretary-Treasurer—Dr. Marselus, Octavia.
Delegate to State Association—Dr. Marrow.
Alternate—Dr. H. H. Thompson.

CONFERENCE OF STATE SECRETARIES.

One of the most important meetings since the reorganization of the American Medical Association at St. Paul, in 1901, was the conference of the secretaries of state societies, called by the committee on uniform regulation of membership at the association headquarters, Chicago, October 23 and 24. This committee was appointed in 1908, in accordance with a recommendation made in the secretary's report for that year. At the Atlantic City session,

Digitized by Google

last June, the committee summarized its report for the last four years and recommended that a conference of state secretaries be authorized to consider the entire question of membership conditions in the county, state and national organizations. This recommendation was referred to the Board of Trustees and a conference between the committee and the state secretaries was authorized by the Board of Trustees, to be held at the same time as the October meeting of the board. Appropriations were made for paying the expenses of all state secretaries who attended the meeting. The conference was called to order at 10:30 a. m., Wednesday, October 23, at the Association building in Chicago, by Dr. Thomas McDavitt, secretary of the Minnesota State Medical Association and chairman of the Committee on Uniform Regulation of Membership.

DISCUSSION.

A general discussion of membership regulation was conducted under the following heads:

1. Fiscal year. Should the fiscal year coincide with the calendar year? Should the fiscal year be the same in all county and state societies?
2. Should memberhsip expire automatically at the end of the calendar year, and a new roster for each county and state society be made with the beginning of each year?
3. When should membership reports from country secretaries to state secretaries be due?
4. Should the dues of new members, joining after the first of the year, be prorated for the remainder of the year?
5. Should an admission fee be required in addition to the annual dues?
6. Should uniform application blanks, receipt blanks, and membership and transfer cards be adopted?
7. Should contsituent state associations hqld charters from the American Medical Association
8. Should a uniform plan for the transfer of members be adopted?

In addition to the above Dr. George H. Simmons, editor and general manager, discussed the question of membership in the American Medical Association, and the changes in name proposed by the Board of Trustees.

REPORT OF COMMITTEE ON RECOMMENDATIONS.

After two days' discussion it was evident that the secretaries present were agreed as to the advisability of a uniform fiscal year for all parts of the organization, to coincide with the calendar year, and that they favored the expiration of membership at the end of each year and a complete revision of the membership rolls at the beginning of each year. The committee on recommendations, consisting of Dr. E. J. Goodwin, Missouri State Medical Association; Dr. Wilfrid Haughey, Michigan State Medical Society; Dr. Perry Bromberg, Tennessee State Medical Association; Dr. William S. Gardner, Medical and Chirurgical Faculty of Maryland, and Dr. F. R. Green, secretary of the committee and of the Council on Health and Pulic Instruction, brought in a report recommending the adoption of provisions on these two points, and that all other points be deferred for further consideration. The report of the committee follows:

The Committee on Recommendations herewith submits the following report:

1. We recommend that this conference endorse the plan of having the fiscal year coincide with the calendar year in all parts of the organization. We further recommend that secretaries of all state associations which have not already adopted this provision bring this matter to the attention of their associations and recommend its adoption.
2. We recommend that constituent state associations adopt provisions making dues in component societies payable on January 1 of each year,

Digitized by Google

and requiring county secretaries to report to state secretaries all members in good standing, together with their per capita assessment for the current year not later than March 31. State societies desiring to do so may provide a shorter period.

3. The recommendation regarding the third question under discussion is covered by our recommendation of the second.

4. Regarding the prorating of dues, we recommend that this be made optional with each component society.

5. Regarding an admission fee for membership, we recommend that this be made optional with component societies.

6. While the committee recognizes, as a general principle, that a uniform system of blanks for county and state societies is desirable, as soon as practicable, we recommend further consideration of this question at a later conference.

7. We recommend that the House of Delegates of the American Medical Association be asked to consider the advisability of issuing charters to constituent state associations.

8. We recognize the desirability and advantage of a uniform method of transfer, but this system cannot be established until there has been developed a greater uniformity in other details of organization. We therefore recommend that this question be made the subject of discussion at a future conference.

9. The committee recognizes the value of this conference to the state association secretaries, and to the purpose of organization; it therefore recommends that future conferences of this character be held.

The report of the committee was unanimously adopted by a rising vote. It was also moved and carried that the secretary be requested to send copies of the report to each state secretary and to each state journal, and that the proceedings of the conference, as published in the Bulletin, be furnished to each state secretary desiring them, in sufficient quantities to send one to each member of the state association. After a vote of thanks to the Board of Trustees for making this conference possible by the appropriation, the conference adjourned.

THE UNIVERSITY ALUMNI WEEK.

The graduates of the medical department of the University of Nebraska held their annual clinical week in Omaha recently and all who attended were well pleased with the various affairs which had been planned for them.

Social as well as scientific functions were arranged for the entertainment of out-of-town guests and they were both equally well patronized. The clinics consisted of the presentation of various cases by the prominent clinicians of the city at their respective hospitals. Conferences were also held at the headquarters where an opportunity was given to everyone to speak his mind freely in regard to live subjects—to ask such questions as he may choose, in short, to talk things over.

But the greatest intimacy and familiarity was secured at the social events. One evening was spent at the college, another was wasted in riotous living at a gaming resort where bowling, billiards, pool and fictitious games of chance held the attention of all for several hours. The president's reception to all alumni was a new feature and although it was held early in the week, the new home of Dr. Stokes was thoroughly "warmed."

The banquet and public speaking was perhaps the most enjoyable affair of all. A doctor is only human after all and nothing pleases him so well as to sit at a good table in pleasant company and enjoy music, songs, stories and jokes, as well as a good meal.

The election of Dr. Wherry as president for the ensuing year assures careful planning, genial hospitality and promises everyone who attends next year a most profitable week's rest and change.

Digitized by Google

BOOK REVIEWS

INTERNATIONAL CLINICS.

A Quarterly of Clinical Lectures and Especially Prepared Original Articles by Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A. M., M. D. Volume II, twenty-second series, 1912. Philadelphia and London: J. B. Lippincott Company. Net, $2.00.

The articles in this number are true monographs upon their respective subjects, being full but not verbose or tiresome. Under the Department of State Medicine is a full discussion of the National Insurace Act (1911) for the United Kingdom, by J. W. Ballantyne of Edinburgh. This is the act which is meeting so much opposition from the employers and the British Medical association, and should be studied by Americans, because many believe the same conditions which brought this act into being are well intrenched in our own land.

INFANT FEEDING.

By Clifford G. Grulee, A. M., M. D., Assistant Professor of Pediatrics at Rush Medical College, Attending Pediatrician to Cook County Hospital. 295 pages. Illustrated. Cloth, $3.00 net. Philadelphia and London: W. B. Saunders Company, 1912.

The author has patiently brought out in systematic manner the fundamentals of the care and feeding of infants, first going into the anatomy, physiology and bacteriology of the gastro-intestinal tract. He breaks away from American ideas in favor of European, but experience has proved that Continental pediatric methods are successful. Grulee comments on proprietary infant foods, which, he says, "have been the mainstay of the general practitioners." He thinks them of value when properly used in connection with milk, but condemns the system when proper precautions are not taken.

For the physician whose work is among babies to any extent this volume will be found of decided importance.

PELLAGRA.

History, Distribution, Diagnosis, Prognosis, Treatment, Etiology. By Stewart R. Roberts, S. M., M. D., Associate Professor of the Principles and Practice of Medicine, Atlanta College of Physicians and Surgeons, Atlanta, Ga., Physician to the Wesley Memorial Hospital, etc. With Eighty-nine Special Engravings and Colored Frontispiece. St. Louis: C. V. Mosby Company, 1912. Pages 272. Price $2.50.

The general interest in this affection, due to the many cases reported in this country during the last few years, makes the appearance of this volume quite appropriate.

The author divides the subject into the sections designated by the title. Each part is covered fully in the order given in the title.

A feature of particular interest is a map of the world, showing the geographical distribution of the disease. This shows that next to the southern part of Europe, the largest area affected is the southern part of the United States.

The pathological changes in the alimentary tract, skin and nervous system are well brought out by illustrations.

The author discusses at length the various theories of etiology, leaving the future to decide whether it is an infection or an intoxication.

McMARTIN (Omaha).

Digitized by Google

WYOMING SECTION

WESTERN MEDICAL REVIEW

Published Monthly by WESTERN MEDICAL REVIEW COMPANY, Omaha, Nebr. Per Annum, $2.00. The WESTERN MEDICAL REVIEW is the Journal of the Wyoming State Medical Society and is sent by order of the Society to each of its members.

OFFICERS:

Dr. A. G. HAMILTON, Thermopolis, President DR. W. H. ROBERTS, Cheyenne, Secretary
DR. NEIL DAVID NELSON, Shoshoni, Treasurer

All matter for publication in this section should be sent to

FRED W. PHIFER, M. D., Editor, Wheatland, Wyo.

COLLABORATORS—SUBJECT TO REVISION.
WYOMING SECTION.

Pestal, Joseph, Douglas; Keith, M. C.; Casper; Marshall, T. E., Sheridan; Nelson, N. D.; Shoshoni; Wicks, J. L., Evanston; Wiseman, Letitia, Cheyenne; Young, J. H., Rock Springs.

Vol. XVII. CHEYENNE, WYO., DECEMBER, 1912 No. 12

MINUTES OF THE FOURTEENTH ANNUAL MEETING OF THE WYOMING STATE MEDICAL SOCIETY, HELD IN THE AUDITORIUM OF THE CARNEGIE LIBRARY AT SHERIDAN, WYOMING, SEPTEMBER 17, 1912.

In the absence of the president and first vice president, the meeting was called to order by the second vice president and secretary, Dr. W. H. Roberts of Sheridan, at 11 o'clock a. m.

On motion duly made and seconded, Dr. E. H. Smith of Sheridan was elected secretary pro tem of the meeting.

Dr. E. M. Stevenson and Dr. T. E. Marshall of Sheridan and Dr. Edward R. Schunk of Ranchester were appointed by the chairman as a committee on credentials. After a recess of a few minutes the committee on credentials reported as follows:

"We, the Committee on Credentials, find that all the members present are in good standing and eligible to sit in and take part in the deliberations of this society."

T. E. MARSHALL.
EDW. R. SCHUNK.
C. E. STEVENSON.

On motion duly made and seconded the report of the committee on credentials was received and the committee discharged.

The minutes of the meeting of the society held at Casper, Wyo., 1910, were read and approved.

Dr. O. B. C. Kinney of Meeteetse, and Dr. F. A. Dolan and Dr. M. A. Newell of Sheridan were named by the president as an auditing committee.

The Committee on Entertainment made the following verbal report:

Mr. President: The Committee on Entertainment decided that the best way to entertain the members and visitors, under the circumstances, was to have a banquet, and we have made provisions for a banquet to be held this evening at the Sheridan Inn, at 7:45. This is the only entertainment we have in view. There is practically nothing else we could do. We had intended, had the roads been in good shape, to take the members and visitors on an automobile ride to the mountains and mines and other places

Digitized by Google

of interest. But on account of the muddy condition of the roads, this is out of the quesiton.

On motion duly made and seconded the report of the Entertainment Committee was accepted.

The president here suggested that owing to the condition of the roads and the fact that the program had not been completed until last night, that the business meeting be continued until tommorrow morning. After considerable discussion, on motion duly made and seconded, it was decided to proceed with the business meeting.

The secretary here submitted his annual report for the year ending September 16, 1912, as follows:

SECRETARY'S REPORT.

Fourteenth Annual Meeting Wyoming State Medical Society:

I herewith submit my annual report for the year ending September 16, 1912. Whether this report will reflect on my ability to manage the office as it should be, I will leave to the members to decide. While my duties have been considerable, and with very little help or encouragement from the individual members or from the secretaries of the organized counties, I nevertheless have found my work very interesting, and each year I have become more deeply intrested in the work of organization, and feel that my experience of previous years has taught me considerable, and I hope that I may make the coming year a more successful one.

At the Atlantic City meeting the suggestion was made that a conference of the secretaries of constituent state medical associations be held in Chicago next month, and the board of trustees of the American Medical Association, realizing the importance of such a meeting, made an appropriation to cover the actual traveling expenses of the secretaries to Chicago and return. There is no question but that this meeting would be of great benefit to the state society and to me as your secretary, helping me to solve the many problems in connection with uniform regulations and numerous other duties connected with this office. The work taken up at this meeting will be along the following lines:

The Committee on Uniform membership made four recommendations: (1) That each state association make its fiscal year begin and end with the calendar year, with the requirement that annual reports be filed by January 1. (2) That uniform blanks, such as applications for memberships, receipts, pocket membership card, be adopted. (3) That all state associations secure charters from the American Medical Association. (4) That a uniform system of transferring members from a county society of one state to that of another be agreed upon. It was also recommended in this connection that state associations agree to hold their annual meetings in the fall of the year in order that they may not conflict with the annual meetings of the American Medical Association. These are just a few of the many subjects that will come up at this meeting. Your secretary will be willing to attend this meeting, if the society deems it advisable to send him.

I would like to mention one of the most important transactions which came up before the house of delegates, namely: The question of uniform membership among the state associations, and the extension of the American Medical Association membership to cover the latter. It has been all along recognized that the ideal plan of organization would be for membership in all constituent bodies to be coincident and brought together in a national organization. The idea, of course, contemplates uniform requirements for membership; uniform administration of rules and reciprocity of membership between the states. I would like to have the above subject discussed freely and know the concensus of opinion of this society.

Your secretary suggests that a committee of three be appointed by the president to act as a council on medical defense, this committee to report

Digitized by Google

at our 1913 meeting. Also a committee of the same number to act as a committee on health and public instruction. Owing to the importance of these two committees, I would suggest that the president delay making these appointments until he has had sufficient time to select such men as will give these important committees the time and attention they deserve. I think some arrangement should be made whereby we can have representatives at the next meeting of our legislature and any defects in our state medical laws could be revised and strengthened.

I wish to report the death of the following members during the years 1911 and 1912:

D. E. Brown of Laramie.
H. N. Onderdonk of Buffalo.
G. B. Meldrum of Buffalo.
J. F. Carey of Cheyenne.
W. A. Burgess of Cheyenne.

Seven members have been suspended for non-payment of dues; twenty-seven have removed from the state. We have added twenty new members.

You will notice that through death, suspension and removal from the state we lost thirty-nine members.

The total receipts of the secretary's office for 1911 and 1912 were $281.00; total disbursements, $291.25. I wish to say that this amount includes the purchase of an Underwood typewriter and typewriter desk.

The following counties have not paid their dues for 1912: Crook county, Fremont county, Laramie county and Big Horn county.

On motion duly made and seconded the report of the secretary was approved and ordered filed.

The president appointed as a nominating committee Dr. T. E. Marshall of Sheridan, Dr. Edward R. Schunk of Ranchester and Dr. C. E. Stevenson of Sheridan, and a recess of ten minutes was taken to enable the nominating committee and auditing committee to report.

After an intermission of ten minutes the meeting was called to order by the president.

REPORT OF THE AUDITING COMMITTEE.

The auditing committee made the following report:

We, your Auditing Committee, report that we have examined the books and vouchers of the secretary and find them all correct.

O. B. C. KINNEY.
F. A. DOLAN.
M. A. NEWELL.

On motion duly made and seconded the report of the auditing committee was accepted and the committee discharged.

REPORT OF THE NOMINATING COMMITTEE.

The nominating committee made the following report:

Mr. President: We, the Nominating Committee, duly appointed, respectfully designate the following named members as suitable candidates for the respective offices to be filled at this session:

President—Dr. Amos W. Barber of Cheyenne.
First Vice President—Dr. R. W. Hale of Thermopolis.
Second Vice President—Dr. O. B. C. Kinney of Meeteetse.
Third Vice President—Dr. E. S. Lauzer of Rock Springs.

C. E. STEVENSON.
T. E. MARSHALL.
E. R. SCHUNK.

In conenction with submitting the report of the nominating committee Dr. Stevenson stated: "We placed the Cheyenne man in nomination for the presidency somewhat because of the fact that there is a large membership in that end of the state and they ought to have representation. Another

Digitized by Google

thing, it seems to be a hard matter to get together, and we thought the nomination of a man from that end of the state for the presidency would have a endency towards unification in the society."

Dr. Marshall stated: "One other matter that influenced us in this selection is that Dr. Barber has been here a long while, has taken an active part in matters connected with the state board of health, is close to the seat of government, and if occasion presents itself would be in a position to influence legislation on matters of interest to our society."

On motion duly made and seconded the report of the nominating committee was accepted, the committee discharged, and the secretary instructed to cast the unanimous ballot of the members present for the nominees for the respective offices, which the secretary duly did, and the president declared the nominees duly elected to the respective offices to which nominated.

On motions duly made and esconded, Dr. M. A. Newell of Sheridan was elected as delegate and Dr. C. H. Solier of Evanston as alternate to attend the American Medical Association meeting, to be held at Minneapolis, for the year 1913.

REPORT OF PROGRAM COMMITTEE.

The program committee made the following report:

"We did our best to fill up the program. We are sorry we were not able to get the program out earlier so it could be sent to all the members. Another year we will make a special effort to have the program out in time, at least ten days before the annual meeting, so that it can be sent out to the members throughout the state. It required a great many letters, and we believe the society owes a vote of thanks to Dr. Newell for the amount of work he did in connection with the program committee. He has done a whole lot of work along that line, sending out a number of invitations to Butte, Denver and Omaha."

On motion duly made and seconded the report of the program committee was accepted and the committee discharged.

On motion duly made and seconded Cheyenne was selected as the meeting place for the annual meeting of 1913, and that the date of said meeting be decided by the executive officers.

Dr. T. E. Marshall of Sheridan offered the following amendment to the Constitution, which was duly presented:

Resolved, That Section 1 of Article VIII of the Constitution be amended to read as follows: "The officers of this society shall be a president, three vice presidents, a secretary-treasurer, and ten councilors."

Dr. M. A. Newell of Sheridan stated: "I would like to bring before the meeting the question of sending our secretary to the Chicago meeting of state secretaries. I think it will help the state association to affiliate more closely with the national association. It is my opinion that if the national association is willing to pay the actual traveling expenses of state secretaries to this convention, they must think it of considerable importance. I move that our secretary's expenses to the Chicago meeting, outside of his traveling expenses, be paid for by the state association, and that he be paid for the necessary time to attend the meeting and return." The motion was seconded by Dr. T. E. Marshall of Sheridan. Motion unonimously carried.

Dr. Newell: "I don't know, but it seems to me we ought to state a certain sum that we should pay."

Dr. Marshall: "I make the suggestion that he be allowed ten dollars a dav for the actual traveling time to and from the meeting and during his attendance at the meeting."

Dr. Newell: "I move that we appropriate sixty dollars out of the funds of the association to pay the expenses and time of the secretary while in attendance at the Chicago convention."

The motion was seconded and unanimously carried.

The secretary, Dr. W. H. Roberts of Sheridan, stated:

"I suggest that in arranging the date for our next meeting we consult

Digitized by Google

the secretaries of the following states, Colorado, Utah, Idaho, Nevada and Montana, and try to have these states arrange their dates so they might follow each other closely, and in so doing eastern men attending one meeting might easily arrange so that they could attend at least two or three of the different western meetings."

On motion duly made and seconded the meeting here adjourned until 1 o'clock p. m.

AFTERNOON SESSION.

The meeting was called to order at 1:30 o'clock p. m., by Second Vice President Dr. W. H. Roberts, in the chair.

The invocation was made by Dean Edward M. Cross of the Episcopal church of Sheridan, Wyo.

An eloquent address of welcome was delivered by Mayor Charles A. Kutcher of Sheridan, which was responded to by Dr. B. B. Davis of Omaha.

The scientific program was then taken up in the following order:

TREATMENT OF FRACTURES OF THE JAW.

A paper was read by Dr. T. E. Carmody of Denver on the above subject, who introduced several exhibits showing the manner and method of wiring, etc. This paper was discussed by Dr. William A. Frackleton and Dr. I. P. Hayes, dentists, of Sheridan; Dr. J. P. Lord of Omaha, Neb.; discussion closed by Dr. T. E. Carmody.

GASTRIC ULCER AND ITS SURGICAL TREATMENT.

Paper read on the above subject by Dr. B. B. Davis of Omaha, Neb. Discussion was led by Dr. F. E. Walker of Hot Springs, S. D., followed by Dr. J. P. Lord of Omaha, Neb. Discussion closed by Dr. B. B. Davis.

NON-SURGICAL TREATMENT OF GOITRE.

Paper on the above subject was read by Dr. M. A. Newell of Sheridan, Wyo.; discussion led by Dr. J. P. Lord of Oamha, followed by Dr. F. E. Walker of Hot Springs, S. D., and Dr. B. B. Davis of Omaha. Discussion closed by Dr. M. A. Newell.

JOINT SURGERY.

Paper read by Dr. L. W. Ely of Denver, Colo. Duscussion opened by Dr. J. P. Lord of Omaha, followed by Dr. B. B. Davis of Omaha, Dr. F. E. Walker of Hot Springs, and Dr. W. H. Roberts of Sheridan. Discussion closed by Dr. L. W. Ely.

INTESTINAL OBSTRUCTION.

Discussion of the above subject was led by Dr. J. P. Lord of Omaha, participated in by Dr. F. E. Walker of Hot Springs, Dr. B. B. Davis of Omaha, and closed by Dr. J. P. Lord.

REPORT OF CASES OF HAY FEVER TREATED WITH MIXED INFECTION PHYLACOGEN.

Discussion of the above subject was led by Dr. W. H. Roberts of Sheridan, Wyo., who read the history of two cases treated by him, showing the manner and method of treatment. Dr. T. E. Carmody of Denver also discussed the subject, giving his experience in the treatment of the disease by this method. Discussion closed by Dr. W. H. Roberts.

SOME MODERN VIEWS OF THE TREATMENT OF DISEASES OF THE SKIN.

Dr. A. J. Markley of Denver read a paper on the above subject. There was no further discussion of the subject, except that several members and visitors complimented the doctor on his very able paper.

CYSTOSCOPY AND URETERAL CATHETERIZATION.

Paper read by Dr. L. A. Dermody of Omaha, who exhibited some results of his treatment. Discussion was led by Dr. B. B. Davis of Omaha, followed by Dr. J. P. Lord of Omaha. Discussion closed by Dr. Dermody.

SOME POINTS IN THE CURE OF CHRONIC CONORRHEA.

Dr. Robert E. Ransmeir of Chicago not being present, the paper submitted by him on the above subject was read by the secretary.

The chairman thanked the visitors for their presence and the able papers submitted, and requested the visitors and members to be present at the banquet at 7:45 at the Sheridan Inn.

On motion duly made and seconded, the meeting adjourned sine die.

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

BOUND

JUL 6 1926

UNIV. OF MICH.
LIBRARY

3 9015 07049 2072
UNIVERSITY OF MICHIGAN

Digitized by Google

Digitized by Google